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**Lee Ann Monfredini**
President

**James M. Illig**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**David J. Sánchez, Jr., Ph.D.**
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Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Rebekah R. Varela**
Acting Executive Secretary

**TEL (415) 554-2666**
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**Web Site: http://www.sfdph.org**

# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, January 16, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET**
**Room 300**
**San Francisco, CA 94102**

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***The Budget Committee of the Commission will consider the consent calendar on this agenda at 1:00 p.m. at 101 Grove.* The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.**

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 19, 2006**
**Minutes of the meeting of December 19, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Discussion and Approval

**3.1 BHS** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc, in the amount of $9,311,501, which includes a 12% contingency, to provide substance abuse treatment for the period of July 1, 2006 through June 30, 2010. (4 years)
* Contract summary, Monitoring report summary and responses, Client demographic information form

**3.2 BHS** – Request for approval of a retroactive contract renewal with YMCA Urban Services, in the amount of $3,288,550, which includes a 12% contingency, to provide outpatient and prevention substance abuse and Proposition 63 mental health services for the period of July 1, 2006 through December 31, 2010, (4.5 years).
* Contract summary, Monitoring summary and responses, Client demographic information forms

**3.3 BHS** – Request for approval of retroactive contract renewal with the Regents of the University of California in the amount of $3,147,347 to provide crisis intervention and stabilization, clinical case management, and linkage services for the period of July 1, 2006 through June 30, 2010. (4 years).
* Contract summary, Monitoring report summary and responses, Client demographic information form

**3.4 PHP-Housing & Urban Health** – Request for approval of a retroactive renewal contract with Ark of Refuge, Inc. in the amount of $1,882,675, which includes a 12% contingency, to provide transitional housing for Lesbian, Gay, Bi-sexual, Transgender, Queer and Questioning Young Adults between the ages of eighteen to twenty-four for the period of July 1, 2006 through June 30, 2010. (4 years).
*Contract summary, Monitoring report summary, Client demographic information form

**3.5 PHP Primary Care** – Request for approval of a retroactive contract renewal with the Curry Senior Center in the amount of $1,174,965, which includes a 12% contingency, to provide comprehensive primary health care services for the period of July 1, 2006 through December 31, 2010 (4.5 years).
* Contract summary, Monitoring report memo, Client demographic information form

**3.6 BHS** – Request for approval of a new retroactive contract with Central City Hospitality House in the amount of $1,066,800, which includes a 12% contingency, to provide a drop-in center for mental health socialization and wellness services, for the period of July 1, 2006 through December 31, 2007. (1.5 years)
* Contract summary

**3.7 PHP Primary Care** – Request for approval of a retroactive contract renewal with Tides Center - Women's Community Clinic in the amount of $1,022,036 which includes a 12% contingency, to provide comprehensive primary health care services for the period of July 1, 2006 through December 31, 2010. (4.5 years)
* Contract summary, Monitoring report memo, Client demographic information form

**3.8 CHN-Health Information Services** – Request for approval of a new contract with Webmedx, Inc., in the amount of $550,000, to provide medical dictation and as-needed transcription services for San Francisco General Hospital Medical Center (SFGHMC), for the period of January 1, 2007 through December 31, 2007 (1 year).
* Contract summary

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**3.17 AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive renewal contract with UCSF AIDS Health Project, in the amount of $156,397, which includes a 12% contingency, to provide Intensive Case Management for Methamphetamine services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2008. (2.5 years).
*Contract summary, Monitoring report summary, Client demographic information form

**3.18 PHP – Environmental Health Section, Agriculture Program** - Approval to retroactively accept and expend two grants from the California Department of Food and Agriculture in the amounts of $63,888 and $42,076 (for a total of $105,964) in support of the Pierce's Disease Control Program and the High Risk (Pest Exclusion) Program for the period of July 1, 2006 to June 1, 2007.

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JANUARY**
**List of Awardees*

6) **FOR ACTION:** **ELECTION OF HEALTH COMMISSION PRESIDENT AND VICE PRESIDENT FOR 2007**

7) **FOR DISCUSSION:** **HEALTH ACCESS PROGRAM UPDATE**
(Tangerine Brigham, Deputy Director of Health)
**Update*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

**Accessible Meeting Policy**

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

**3.9 BHS** – Request for approval of new contract with the Harm Reduction Coalition in the amount of $126,000, which includes a 12% contingency to provide drug overdose prevention services for the period of July 1, 2006 through December 31, 2007. (1.5 years)
* Contract summary

Items for Approval
**3.10 BHS** – Request for site approval of Central City Hospitality House's new "6th Street Self-Help" Program, to be located at 169 and 181 Sixth Street, San Francisco, California.
* Minutes of Community Meeting

**3.11 BHS** – Request for site approval for relocation of Citywide Case Management and Community Focus (UCSF/SFGH Department of Psychiatry Outpatient Programs) from current site at 939 Market Street, Fourth Floor, San Francisco, to 982 Mission Street, Second through Fourth Floors, San Francisco.
* Minutes of Community Meeting

**3.12 AIDS OFFICE-HIV Prevention** – – Request for approval of a retroactive renewal contract with UCSF AIDS Health Project, in the amount of $700,000, which includes a 12% contingency, to provide HIV IDU case coordination services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2008. (2.5 years).
*Contract summary, Monitoring report summary, Client demographic information form

**3.13 PHP-Housing & Urban Health** – Request for approval of a retroactive renewal contract with Self Help for the Elderly, in the amount of $557,352 which includes a 12% contingency to provide a bed day of care to 15 cognitively impaired seniors who have Alzheimer's, Parkinson's or multi-infarct dementia for the period of July 1, 2006 to June 30, 2010 (4 years).
* Contract summary, Monitoring report summary and responses, Client demographic information form

**3.14 PHP Primary Care** – Request for approval of a retroactive sole source contract renewal with Lyon-Martin Women's Health Services in the amount of $379,184, which includes a 12% contingency, to provide comprehensive primary medical care services for the period of July 1, 2006 through December 31, 2010. (4.5 years)
* Contract summary, Monitoring report memo, Client demographic information form

**3.15 PHP-Housing & Urban Health** – Request for approval of a retroactive renewal contract with Larkin Street Youth Services, in the amount of $287,889, which includes a 12% contingency, to provide Integrated Case Management services targeting multiply-diagnosed homeless young adults 18 to 25 for the period of July 1, 2006 through June 30 2010. (4 years).
*Contract summary, Monitoring report summary and responses

**3.16 PHP Primary Care** – Request for approval of a retroactive contract renewal and sole source with the Haight Ashbury Free Clinic in the amount of $271,333 which includes a 12% contingency, to provide comprehensive primary health care services for the period of July 1, 2006 through December 31, 2010. (4.5 years)
* Contract summary, Monitoring report memo, Client demographic information form

### Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

### Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**Lee Ann Monfredini**
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Vice President

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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, January 16, 2007**
**At**
**3:00 p.m.**
**1001 Potrero Avenue**
**Carr Auditorium**
**San Francisco, CA 94102**

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## 1) CALL TO ORDER

President Lee Ann Monfredini called the meeting to order at 3:09 p.m.

| Present: | Lee Ann Monfredini, President |
|---|---|
| | James M. Illig, Vice President |
| | Edward A. Chow, M.D. |
| | Roma P. Guy, M.S.W. |
| | David J. Sanchez, Jr., Ph.D. |
| | Donald E. Tarver, II, M.D. |
| | John I. Umekubo, M.D. |

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 19, 2006

Action Taken: The minutes were approved with the following changes: Commissioner Sanchez added the following as stated on 12/19/06: In describing the core and unique spirit of SFGH to new residents and medical students, the late Dr. Del Pascoe, Chief of Pediatrics SFGH and Captain, U.S. Navy would state that General was just like a ship. "The life of the ship is the crew and the life of the crew is the ship." As General leads the nation as a benchmark of innovation and patient care, Dr. Pascoe would state that SFGH is like an old Navy saying, "lead, follow or step aside!" Dr. Chow also added that on the top of page 13, the incomplete follow up item from Gene O'Connell was not as listed, but that the item would be sent to the Commission.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Tarver and Commissioner Chow attended the Budget Committee meeting.

Items for Discussion and Approval

**3.1 BHS** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc, in the amount of $9,311,501, which includes a 12% contingency, to provide substance abuse treatment for the period of July 1, 2006 through June 30, 2010. (4 years)
* Contract summary, Monitoring report summary and responses, Client demographic information form

Commissioner Comment:

- Commissioner Chow stated that he had heard in the past that a 6 month program for detox was too long and 21 days was better, and now we are hearing that there are fewer clients. Abner Boles, Executive Director of Westside Community Mental Health, stated that they have reduced the number of steps and have increased the intensity of the program. He also stated that it is unrealistic to say that they are moving towards having no detox spots, but that they are seeing most people using the maintenance program. Commissioner Chow asked what the plan was for the following year. Mr. Boles responded that they were looking at reducing the number of spots from 25 to 10. Mr. Boles also stated that they have not yet set detox goals for next year. He added that it was difficult to change the standard of 21 days due to regulations.
- Commissioner Chow suggested that the program return in 1 year to the appropriate JCC regarding the success of the new design.

**3.2 BHS** – Request for approval of a retroactive contract renewal with YMCA Urban Services, in the amount of $3,288,550, which includes a 12% contingency, to provide outpatient and prevention substance abuse and Proposition 63 mental health services for the period of July 1, 2006 through December 31, 2010, (4.5 years).
* Contract summary, Monitoring summary and responses, Client demographic information forms

Commissioner Comment:

- Commissioner Sanchez stated that YMCA was really addressing a unique cohort of young adults and some other programs should work in collaboration with the YMCA.
- Commissioner Chow stated that he was excited about this program as well as it looks to be serving those who are most in need. He asked how this program was selected and what the evaluation criteria would be. Sai-Ling replied that this was through a RFP process and the evaluation is through the Mental Health Services Act.
- Commissioner Chow stated that the next time the Commission is looking into services for the Bayview/Hunters Point health initiative, they should remember that this program is out there and the next time they are looking at programs in Bayview/Hunters Point they should review this program to see what the outcomes were.
- Commissioner Tarver added that he agreed and that it depended on what the evaluation criteria looked like and what the impact is. Sai-Ling replied that data would definitely be collected, but that the question is the data that is available on the community level and how to raise awareness and access to services. Commissioner Tarver suggested that quantitative data would be helpful in evaluating the program.

- Commissioner Sanchez stated that this program reminded him of a previous UC Regent, Yori Wada, who was looking at these types of pathways and that seeing this program showed how far we have come.

**3.3 BHS** – Request for approval of retroactive contract renewal with the Regents of the University of California in the amount of $3,147,347 to provide crisis intervention and stabilization, clinical case management, and linkage services for the period of July 1, 2006 through June 30, 2010. (4 years).
* Contract summary, Monitoring report summary and responses, Client demographic information

Commissioner Comment:

- Commissioner Tarver asked how the program would benefit from the creation of a consolidated team. Nancy Goyer, Program Manager, responded that they would benefit from a legal, reporting and administrative perspective.
- Commissioner Chow asked to clarify that the team had been operating as one entity but was funded and thus overseen by two different sources. Ms. Goyer confirmed this was the case.

**3.4 PHP-Housing & Urban Health** – Request for approval of a retroactive renewal contract with Ark of Refuge, Inc. in the amount of $1,882,675, which includes a 12% contingency, to provide transitional housing for Lesbian, Gay, Bi-sexual, Transgender, Queer and Questioning Young Adults between the ages of eighteen to twenty-four for the period of July 1, 2006 through June 30, 2010. (4 years).
*Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment:

- Commissioner Chow asked Margot Antonetty to clarify what has happened with the cultural competency report. Ms. Antonetty responded that the organization has committed to providing 15 hours of training for program and administrative staff on cultural competency. She added that the program also committed that 75% of the clients who respond to the survey would report that the services were delivered in a culturally competent manner.
- Commissioner Chow asked what the goal was of the cultural competency program, was it to reach out to diverse sexual identities, because there are hardly any Hispanic participant. Margot responded that is a population that Ark of Refuge has been trying to reach out to and that the organization has access to language lines when necessary.

**3.5 PHP Primary Care** – Request for approval of a retroactive contract renewal with the Curry Senior Center in the amount of $1,174,965, which includes a 12% contingency, to provide comprehensive primary health care services for the period of July 1, 2006 through December 31, 2010 (4.5 years).
* Contract summary, Monitoring report memo, Client demographic information form

Commissioner Comment:

- Commissioner Sanchez stated that he wanted to commend the quality of service that has been provided over the years, even during challenging circumstances.
- Commissioner Chow stated that this reminds him that this center is named for Dr. Francis Curry, a former Director, who put a San Francisco flavor on our method of care. He added that he was curious why the client numbers were reduced by 2 from 250 to 248. Shawn West responded that the numbers are generated by a particular formula. Gay Kaplan, ED of Curry Senior Center, stated that this contract was for primary care and that the numbers may go down in the future as the Center is moving towards home visits, going into frail elders home to provide health services. She stated that they are concentrating on the Center city area, and

receive referrals from other providers for home visits. She stated that the frail elderly end up at SFGH and end up increasing the cost of care.
- Commissioner Chow stated that the Center should receive credit for the other types of care they provide, with numbers above the 248 client count. He suggested that the Center be used in a collaborative manner that reflects all of the services that they provide (total 1199).
- Commissioner Sanchez stated that they should be looking to different pathways and be using the data to justify these pathways to expand the urban model of primary care. Shawn West agreed and added that CBHS recently took over the administration of primary care and they have been working with providers to integrate primary care.

**3.6 BHS** – Request for approval of a new retroactive contract with Central City Hospitality House in the amount of $1,066,800, which includes a 12% contingency, to provide a drop-in center for mental health socialization and wellness services, for the period of July 1, 2006 through December 31, 2007. (1.5 years)
* Contract summary

*Secretary's Note: Questions on item 3.6 deferred to item 3.11*

**3.7 PHP Primary Care** – Request for approval of a retroactive contract renewal with Tides Center - Women's Community Clinic in the amount of $1,022,036 which includes a 12% contingency, to provide comprehensive primary health care services for the period of July 1, 2006 through December 31, 2010. (4.5 years)
* Contract summary, Monitoring report memo, Client demographic information form

Commissioner Comment:
- Commissioner Tarver asked about the exact numbers reported for previous units of service and whether these were projections or actual reported numbers. Shawn West responded that at this point they do not have exact numbers for previous years, but that under CBHS they are now receiving actual numbers and will have those in the future. Carlene Hanson, Executive Director, stated that the units of service were lower in previous years and that this contract increased the units of services and the amount of the contract.
- Commissioner Chow stated that previously DPH had decided not to go forward with the $150,000 and now we are seeing $150,000 for 4.5 years. He asked if DPH had changed their decision regarding this. Shawn West responded that women's services are very much needed in San Francisco and Women's Community Clinic has lost funding in other areas and the increase in the budget helps make up for that level of uncompensated care.

**3.8 CHN-Health Information Services** – Request for approval of a new contract with Webmedx, Inc., in the amount of $550,000, to provide medical dictation and as-needed transcription services for San Francisco General Hospital Medical Center (SFGHMC), for the period of January 1, 2007 through December 31, 2007 (1 year).
* Contract summary

Commissioner Comment:
- Commissioner Chow asked if we still have our regular transcription services. Valerie Inouye stated that this is supplemental to our regularly staffed services.
- Commissioner Tarver asked if there was a move to replace the antiquated equipment at SFGH. Ms. Inouye responded that this is a replacement service for dictation and back up system for transcription. Commissioner Chow asked what the difference is. Ms. Inouye clarified that the equipment will be web based and our own transcribers will access this online.

**3.9 BHS** – Request for approval of new contract with the Harm Reduction Coalition in the amount of $126,000, which includes a 12% contingency to provide drug overdose prevention services for the period of July 1, 2006 through December 31, 2007. (1.5 years)
* Contract summary

- Commissioner Tarver asked if Naloxone is supplied through the paramedic services. Program Staff responded that it was provided by prescription from practitioners in Housing and Urban Health.

**3.10 BHS** – Request for site approval of Central City Hospitality House's new "6th Street Self-Help" Program, to be located at 169 and 181 Sixth Street, San Francisco, California.
* Minutes of Community Meeting

Commissioner Comment:

- Commissioner Tarver asked what the program was doing regarding security and hours and that he was impressed by the number of community contacts that they made. Jackie Jenks, Executive Director, stated that they are still working with the community to decide what those hours will be and that as the Commission knows, they have been operating a center in the Tenderloin for 20 years and so the security at the new site will be similar to the Tenderloin site. This included staff monitoring the front of the building and that they have been working on keeping people from loitering in front of the building. She added that they work on creating a sense of ownership in the space so that clients look out for the safety of the site.
- Commissioner Chow stated that we heard earlier about the gentrification of the area and wanted to know how the neighborhood responded. Ms. Jenks responded that they are looking to have a neighborhood center as they do in the Tenderloin. She added that there was a lot of interest from the tenants of the SRO's in the area about having employment and health services in their area. She stated that she did hand out flyers to businesses in the area and anecdotally received a positive response. Dr. Cabaj added that when they mentioned gentrification that this mostly affected the availability of property, but that the population at-risk was still there.
- Commissioner Sanchez stated that over time things really haven't changed much. He stated that when he was a child there was a neighborhood center in the South of Market area that provided sports, Christmas presents, and other services for the longshoremen and their families. He noted that we are returning to the neighborhood center model and that he is astounded that some of the same non-profits are still active after 120 years. Ms. Jenks responded that Hospitality House has been around for 40 years and it is important to address the needs of the community.

**3.11 BHS** – Request for site approval for relocation of Citywide Case Management and Community Focus (UCSF/SFGH Department of Psychiatry Outpatient Programs) from current site at 939 Market Street, Fourth Floor, San Francisco, to 982 Mission Street, Second through Fourth Floors, San Francisco.
* Minutes of Community Meeting

Public Comment

-Martha Caroline has been a client for several years and states that there has been a stigmatization of the mentally ill. She stated that it is extremely important that this center be allowed to continue and sees nothing wrong with the site. She added that this will bring property values up not down as it will be renovating a building that needs renovating and decrease the number of mentally ill clients on the streets.

-Basil Ayub speaks on behalf of the owners, tenants and employees of the building next door, 972 Mission Street. Mr. Ayub stated that he didn't believe there was as much of a property value concern as a safety concern, which was addressed at the meeting. However, he added, what was stated here was not what was stated at the meeting, which was that whatever happened within the clinic the program would take care of, but whatever happened on the street should be brought to the attention of the police. He stated this was a different tune and that was concerning. With regards to the Martin Company, they are doing wonderful things for the community but they are providing their own security, which is great. He added that the program from item 3.10 addressed the increased traffic and interaction with the general public and this was not addressed for this move. He stated that there is an uneasy feeling.
**Response:** Dave Fariello stated that he had gone door to door speaking with neighbors and that his interaction with the Jordanian consultant was concerned with property values, not safety issues and that he made this very clear. He added that they have a long history of taking responsibility for clients not only in the facility.
-Arpul Miranda on behalf of law offices of Michael J. Garfinkle at 966 Mission Street has the same concerns as 972 building. He stated his concern that no one has approached his building about safety and that they got the letter from another tenant. He stated that they are very concerned about this move. For safety, there is already a lot going on in the street there, and that development is coming in and improving the community. He stated that they get vandalism on their store front and then the city sends him letters to clean it up. He added that that is bad enough, but now they have this situation with safety.
-Kathleen Connolly, LCSW, has worked with CityWide for 10 years. She stated that she wanted to speak on safety and that she understands that those who may not be familiar with the mentally ill may be concerned about safety. She added that she was involved with the last move and that there is a committee on safety that works on these issues. She stated that there is exaggeration regarding people who are mentally ill being violent, but that they take safety seriously.

Commissioner Comment:

- Commissioner Tarver stated that this is a necessary move and is moving closer to those in residential hotels who need their services and he commended them for their efforts. Dave Fariello stated that they are trying to develop a community center and not just provide medication, and hopes this is a win-win situation for the community and the clients.
- Commissioner Chow stated that there was testimony at the community meeting and would like to hear what that was. Mr. Fariello stated that two property owners were concerned about the decline in property values and that some businesses were concerned about security.
- Commissioner Sanchez stated that another concern was the ability to cross the street at 6th and hoped that there would be an increase in traffic supervision. Commissioner Sanchez added that security takes a team and this is a great opportunity to plug in some of the voices here today to be part of the discussion or the formation of a task force. Commissioner Sanchez stated that they need to move forward in making this a community process. He also wanted to encourage the follow up of these concerns and that San Francisco has been working to improve the quality of life of all people in the City.
- Commissioner Chow stated that there will always be some who don't get the notice regardless of how many notices have been sent out. He added that with the entire neighborhood involved and aware of the move, this may increase the security of all as people will be looking towards security. Mr. Fariello added that he will renew his efforts to work with the community.
- Commissioner Tarver added that he wanted to comment that these types of services improve the area by providing better lighting, building out vacant spaces and that statistics from the SFPD show that areas are improved with these types of moves. He stated that he hopes the community continues to work on dialogue with the staff now that they know the correct contacts.

**3.14 PHP Primary Care** – Request for approval of a retroactive sole source contract renewal with Lyon-Martin Women's Health Services in the amount of $379,184, which includes a 12% contingency, to provide comprehensive primary medical care services for the period of July 1, 2006 through December 31, 2010. (4.5 years)
* Contract summary, Monitoring report memo, Client demographic information form

Commissioner Comment:

- Commissioner Tarver asked what the breakout was for those who chose the unidentified option on the reporting form. Doretha Williams-Flournoy responded with the following: 35% Multi-Racial 12% declined to state, 15% Hispanic, 23% Outside Parameters, 12% African American, 4% API, 1% Filipino, and 3% Caucasian. Commissioner Tarver asked why the department was not providing the Commissioners with this more specific data when the organization has access to it. Ms. Williams-Flournoy responded that they used the Mayor's Office reporting form that allows people to decline to state but that their own data had more information broken down.

**3.15 PHP-Housing & Urban Health** – Request for approval of a retroactive renewal contract with Larkin Street Youth Services, in the amount of $287,889, which includes a 12% contingency, to provide Integrated Case Management services targeting multiply-diagnosed homeless young adults 18 to 25 for the period of July 1, 2006 through June 30 2010. (4 years).
*Contract summary, Monitoring report summary and responses.

Commissioner Comment:

- Commissioner Tarver asked if the units of service that were missing in the report were ever able to be captured for billable units for the psychiatrists. Program Staff responded that they did not go back retroactively to capture if there were additional billable units of service but that if necessary they could do so.
- Commissioner Chow asked if on the cultural competency report the department needed to list the language capacity of the Board of the Directors. Margot Antonetty stated that they wanted to show the diversity of the Board of the Directors and that the Board does not have client contact sot the language capacity was not an issue.

**3.16 PHP Primary Care** – Request for approval of a retroactive contract renewal and sole source with the Haight Ashbury Free Clinic in the amount of $271,333 which includes a 12% contingency, to provide comprehensive primary health care services for the period of July 1, 2006 through December 31, 2010. (4.5 years)
* Contract summary, Monitoring report memo, Client demographic information form

Commissioner Comment:

- Commissioner Tarver asked how it happens that 71.5% of the population served is Caucasian. John Greenwood, Program Director, responded that the population that HAFCI serves is made up largely of the Haight-Ashbury area, including Golden Gate Park. The population is also largely homeless who tend to be younger and reflects the organizational catch-mitt. Commissioner Tarver asked if staff thought this was a problem. Shawn West agreed that this was the make-up of the population they served.
- Commissioner Tarver asked that the organization break out the unidentified ethnicity category to show how many clients chose to decline to state versus if it was asked or not.
- Commissioner Chow asked if the status of HAFCI's finances were straightened out. John Eckstrom stated that HAFCI is meeting bi-monthly with DPH staff and will be reporting to the CHN JCC on January 23, 2007.

Items for Approval

**3.12 AIDS OFFICE-HIV Health Services** – – Request for approval of a retroactive renewal contract with UCSF AIDS Health Project, in the amount of $700,000, which includes a 12% contingency, to provide HIV IDU case coordination services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2008. (2.5 years).
*Contract summary, Monitoring report summary, Client demographic information form

**3.13 PHP-Housing & Urban Health** – Request for approval of a retroactive renewal contract with Self Help for the Elderly, in the amount of $557,352 which includes a 12% contingency to provide a bed day of care to 15 cognitively impaired seniors who have Alzheimer's, Parkinson's or multi-infarct dementia for the period of July 1, 2006 to June 30, 2010 (4 years).
* Contract summary, Monitoring report summary and responses, Client demographic information form

**3.17 AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with UCSF AIDS Health Project, in the amount of $156,397, which includes a 12% contingency, to provide Intensive Case Management for Methamphetamine services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2008. (2.5 years).
*Contract summary, Monitoring report summary, Client demographic information form

**3.18 PHP – Environmental Health Section, Agriculture Program -** Approval to retroactively accept and expend two grants from the California Department of Food and Agriculture in the amounts of $63,888 and $42,076 (for a total of $105,964) in support of the Pierce's Disease Control Program and the High Risk (Pest Exclusion) Program for the period of July 1, 2006 to June 1, 2007.

Action Taken: Commissioner Tarver abstained from item 3.1. The Commission passed the consent calendar.

## 4) DIRECTOR'S REPORT

Mitch Katz, MD, Director of Health presented the Director's Report.

Health Commissioner Naomi Gray
Dr. Katz was sorry to report the recent death of former Health Commissioner, Naomi Gray, a woman who made significant contributions to the health of the city and the African American communities. Ms. Gray was among the City's first Health Commissioners and served with distinction from 1985 - 1992. During the course of her two terms, she chaired the Budget Committee, the Joint Conference Committee for Community Public Health and the Joint Conference Committee for Mental Health and served on the Joint Conference Committee for San Francisco General Hospital and Laguna Honda Hospital. She was a champion for AIDS awareness in the African American community, as founder of both the Black Coalition on AIDS and the African American AIDS Leadership Group. Ms. Gray worked to develop a stronger affirmative action program with the Department and helped establish affirmative action contract policies with both profit and non-profit contractors. A Memorial service for Ms. Gray is scheduled for January 20, 1-3 p.m. at Delancey St.

SFGH Recognized for Increase in Organ Donation

One of the nation's most pressing public health issues is the widening gap between the supply and demand for organs and tissues. To raise awareness about the vital importance of organ and tissue donation to the Nation's health and to increase donation rates, the Department of Health and Human Services initiated the Gift of Life Donation Initiative in April, 2001. The purpose of the collaborative is to generate significant, measurable increases in organ donation by helping the national community of organ procurement organizations and hospitals to quickly identify, learn, adapt and replicate practices that are associated with higher donation rates.

SFGH began participating in this collaborative effort in 2005. As a result of the "best practices" learned and replicated, SFGH's donation rate rose from 43% to 65%. In 2006, over 50 organs were recovered for transplantation as a result of the efforts of SFGH's health care professionals and the generosity of the community it serves.

In recognition and appreciation of SFGH's dedication to improving the donation process California Transplant Donor Network has presented SFGH with a recognition award released at the 2nd National Learning Congress Organ Donation and Transplantation on October 18 and 19, 2006 in New Orleans, Louisiana, entitled "Uplifted."

Healthy Chinese Cuisine

Catherine Wong, nutrition manager from Chinatown Public Health Center has written a 50 page bilingual eating guide and cookbook, entitled "Healthy Chinese Cuisine using Fruits and Vegetables." It is now accessible on the Department of Health Services web site http://www.dhs.ca.gov/ps/cdic/CPNS/. This project is funded by the USDA Food Stamp Program through the California Nutrition Network for Healthy & Active Families.

Education Conference Presentation

On January 6, 2007 Commissioner Roma Guy, MSW, and Buffy Bunting, MPH, CHES, Coordinator of the Health Education Training Center (Community Health Education Section), along with two 3rd year MPH graduate students from San Francisco State University, presented *"Notes from the Field: Lessons Learned from Hurricane Katrina"* at the Hawaii International Conference on Education. Commissioner Guy, Ms. Bunting and the students gave an overview of the public health field work they did and the relationships they developed during a their trip to New Orleans in January 2006. The primary need expressed by New Orleans residents in an assessment conducted by the San Francisco group was primary health care services. Subsequent to the 2006 visit, frequent consultations between San Francisco and New Orleans contingents occurred. Finally, the sponsoring agency has opened a federally qualified health center, filling a critical gap in basic community services. The presentation at the Hawaiian International Conference illustrated the power of alliances and how health education approaches can be used to address community based advocacy, primary care, prevention, and disaster preparedness.

STD Branch

In mid-December, the STD Section sponsored a community forum called FLUIDS. The forum was targeted toward gay men and other men who have sex with men (G/MSM) to create a space for men to talk about intimacy and desire in the context of body fluids and sexual health. In 2006, the STD Section published over 30 articles in journals and peer-review publications.

In late December, a number of media outlets, including the Associated Press, the Oakland Tribune, Advocate.com and 24/7gay.com, reported on the successful evaluation of the STD Section's Healthy Penis social marketing campaign published in *Public Library of Science Medicine Journal.*

The articles reported the clear effect between campaign exposure and increased syphilis testing which was sustained over a three year period. The articles also reported that new syphilis infections have declined since the campaign was implemented. That report showed that social marketing can be highly effective and the importance of rigorous evaluation.

Pete Morse: A Tragic Loss

It is with great sadness that Dr. Katz reported the death of Pete Morse. Pete has worked with Housing and Urban Health for the past four years helping to coordinate the heroin overdose prevention and naloxone distribution project. Pete also worked at the Lyric Supportive Housing site prior to working on overdose prevention. Most recently, he has been coordinating needle exchange policy for the Harm Reduction Coalition, a position that brought him frequently to 101 Grove Street. He was a board member of the San Francisco Needle Exchange. Despite knowing a tremendous amount about heroin overdose prevention, it appears that he died from a heroin overdose. A memorial service is planned for Saturday, January 20 at 2:30 pm at Driscoll's Mortuary (on Valencia between 25th and 26th).

## COMMUNITY HEALTH NETWORK
## *SAN FRANCISCO GENERAL HOSPITAL*

## JANUARY 2007
## Health Commission - Director of Health Report
**(From 01/08/07 MEC)**

| | 01/07 | 07/06 to 01/07 |
|---|---|---|
| **New Appointments** | 11 | 134 |
| Reinstatements | 0 | 0 |
| **Reappointments** | 46 | 255 |
| Delinquencies: | 0 | 0 |
| Reappointment Denials: | 0 | 0 |
| **Resigned/Retired:** | 6 | 80 |
| **Disciplinary Actions** | 0 | 0 |
| **Restriction/Limitation-Privileges** | 0 | 0 |
| **Deceased** | 0 | 1 |
| **Changes in Privileges** | | |
| Additions | 2 | 36 |
| Voluntary Relinquishments | 1 | 24 |
| Proctorship Completed | 18 | 46 |
| Proctorship Extension | 0 | 1 |

| **Current Statistics – as of 01/1/07** | |
|---|---|
| Active Staff | **499** |
| Courtesy Staff | **579** |
| Affiliate Professionals (non-physicians) | **205** |
| **TOTAL MEMBERS** | **1,283** |

| | | |
|---|---|---|
| **Applications In Process** | **25** | |
| **Applications Withdrawn Month of January 2007** | **0** | **6 (07/06 to 01/07)** |
| **SFGH Reappointments in Process Feb. 2007 to May 2007** | **166** | |

Commissioner's Comments

- Commissioner Monfredini wanted to congratulate Commissioner Guy, and that we all know how involved she has been in this project. She also stated that it was a very sad story to hear about Peter and how someone gave a large portion of their life to help other people and that it is sad that no one was there for him.
- Commissioner Guy stated that both Naomi and Peter made great contributions and that their contributions are there for all to enjoy. She asked about the budget process and stated that it seemed late not be hearing anything about the budget yet. Dr. Katz responded that they are now at a better place to start to see where the budget stands and that the Mayor's directions are to decrease the General Fund contributions by 3%.
- Commissioner Chow stated that the public comments helped highlight to him some of the issues with the budget and that he thinks it is important to be involved with the budget process. Commissioner Chow added that he wanted to come back to Naomi Grey and state that she was very sincere and always expressed her viewpoint on behalf of her community.
- Commissioner Illig stated that Naomi Grey ended her life at LHH and that we should all take that very seriously. He added that the other piece of public comment around the budget was from the Human Services Network and that he would like to see the cost of doing business for the nonprofits worked in there.

## 5) ELECTION OF HEALTH COMMISSION PRESIDENT AND VICE PRESIDENT FOR 2007

President

Commissioner Chow nominated Commissioner Monfredini for office of President. He stated that there are a number of exiting opportunities this year including the implementation of the HAP program as well as the plans to rebuild SFGH and the helipad. He stated that all of this calls into the necessity for the continuation of leadership.

Commissioner Sanchez seconded the nomination. He stated that given the challenges of the upcoming year the Commission needs the continued passion, commitment and dialogue of Commissioner Monfredini as the chair and looks to her to reaffirm the mission of the Commission.

Commissioner Tarver nominated Commissioner Illig and stated that he has been privileged to serve on this reputable body for nearly two years and that last year he was assured by the senior members of the Commission that a two year term for officers was customary. He stated that he feels that Commission Illig is deserving of moving into the Presidency and that however the Commission may disagree they could do so without discord or disrespect. He added that he hopes the Commission can continue to work harder on communication, collaboration and compromise.

Commissioner Illig seconded his own nomination. He stated that he was running as an agent of change and that he has proposed some different ways of working together and that they could be more effective in their ways of working together. He stated that he has the time, energy and commitment to leading the Commission to the next level of effectiveness. He stated that he is willing to stand as an alternative to the status quo as an agent of change.

Action Taken: The Commission elected Commissioner Monfredini to serve as President of the Health Commission for 2007 with the following roll call vote:
- Chow: Monfredini
- Guy: Monfredini
- Sanchez: Monfredini
- Monfredini: Monfredini
- Illig: Illig
- Tarver: Illig
- Umekubo: Monfredini

Vice-President

Commissioner Illig nominated Commissioner Tarver. Commissioner Illig stated that Commissioner Tarver brought a unique perspective to the Commission as the first psychiatrist to serve on the Commission and that he gave a lot of time and effort to educating on the issues surrounding behavioral health and advocated for mental health clients.

Commissioner Tarver seconded his own nomination.

Commissioner Guy nominated Commissioner Sanchez. Commissioner Guy stated that Commissioner Sanchez has served as Vice-President in the past and that she was excited that he now has more time to dedicate to a leadership role. She added that the HAP is a transition of our safety net and if anyone is qualified to advocate for our most vulnerable populations, that Commissioner Sanchez represents does.

Commissioner Chow seconded the nomination of Commissioner Sanchez.

Action Taken: The Commission elected Commissioner Sanchez to serve as Vice-President of the Health Commission for 2007 with the following roll call vote:
- Chow: Sanchez
- Guy: Sanchez
- Sanchez: Sanchez
- Monfredini: Sanchez
- Illig: Tarver
- Tarver: Tarver
- Umekubo: Sanchez

Commissioner Comment:

- Commissioner Monfredini stated that she was happy to serve another term and that she thought the first thing they should do is have a retreat to look at all of the extraordinary issues that are affecting the Health Department including budget and several other issues. She thanked all the Commissioners for respect and dignity during the process.
- Commissioner Guy wanted to give recognition to both Commissioner Tarver and Commissioner Illig and state that they both are asking to look at the way we lead as Commissioners, and that they represent different ideas. She stated that she is open to looking at change and see if they can lead in a better way that might improve the way health is delivered in San Francisco.
- Commissioner Chow wanted to say that saying we are not agents of change is inappropriate and that it is how we approach making those changes that varies. He stated that he would like to help design the strategic planning process to synthesize a focus on how they can do this in a positive manner.

## 6) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS

Commissioner Umekubo presented the employee recognition awards.

| **Team Award** | **Division** | **Nominated By** |
|---|---|---|
| AIDS Office Contract Staff | AIDS Office | Irene Carmona |

- Nancy Foote
- Karen Smith
- Betty Dear
- William Gaitan
- Lourdes Pabillar

Commissioners' Comments

- Commissioner Monfredini thanked Commissioner Umekubo and noted that this would likely be his last time presenting as he had chosen not to be reappointed. She stated that is will be difficult to replace him.

## 7) HEALTH ACCESS PROGRAM UPDATE

Tangerine Brigham, Deputy Director of Health presented the Health Access Update.

**Health Access Program Update**

*Addressing San Francisco's Uninsured Population*

This demographic data is based on estimates generated by the 2003 California Health Interview Survey:

**Uninsured adult population**

Number of Uninsured:
San Franciscans – 82,000
Number of working uninsured adult San Franciscans – 46,000
Uninsured San Franciscans working more than 20 hrs per week – 38,000

*Political interest in San Francisco for universal health care*

San Francisco is a generous City for health care for low-income people and there is an increasing political interest in universal coverage. Current universal coverage options are limited at the local level since the single payer system is not practical at the local level. It requires proof of residency, but cities don't have residency registration. It requires ability to tax which is very limited at the local level. There is also no power to require individuals to buy insurance.

So what are local options? Options are limited to:
-Subsidizing insurance
-Requiring employers to spend money on
health care
-Creating a health care system for uninsured people

SF is moving forward with the last two options.

*Health Care Security Ordinance*

The Health Care Security Ordinance requires the City to implement two new programs:

- Employer Spending Requirement (ESR)
- San Francisco Health Access Program (HAP)

The operative dates for these programs are:

- ESR
    - Employers with 20 -49 employees: March 31, 2008
    - Employers with 50 or more employees: July 1, 2007
- HAP: July 2007

**Employer Spending Requirement (ESR)**

The ESR requires businesses to spend a minimum amount on health care for their employees:

- Medium Businesses (20-99 employees): Required to spend a minimum of $1.11 per hour for full- and part-time employees (work at least 12 hours a week)
- Large Businesses (100+ employees): Required to spend a minimum of $1.68 per hour for full- and part-time employees (work at least 12 hours a week)

This will cover all employees who work in San Francisco regardless of the employee's county of residence.

**How Can Employers Meet ESR?**

Employers have flexibility in how they spend their required expenditure, as long as it used for health care for their employees. Employers can:

- Buy health, dental, or vision insurance
- Directly reimburse employees for health expenses
- Put money into a flexible health savings account for employees
- Contribute to the HAP on behalf of their employees

**Potential Outcomes of ESR**

The best outcome is that the employer spending requirement reduces number of uninsured.
But, we will still have uninsured:

- Unemployed
- Employed in small businesses, working few hours, or where employer does not provide health insurance option
- Health Access Program is not insurance
- Golden Gate Restaurant Association has filed a lawsuit

*What is the San Francisco Health Access Program?*
The San Francisco Health Access Program is a comprehensive medical care program for uninsured San Francisco adults (uninsured children are already covered in SF). This program provides a primary care medical home, preventive care, primary care, specialty care, urgent and emergency care, behavioral health, laboratory, inpatient hospitalization, x-ray and pharmaceuticals.

HAP is not health insurance; it is the restructuring of the county indigent health system to encourage preventive care and continuity in primary care. There are no out of county services, it is an income-based fee structure for participants and clients will be ineligible if eligible for state/federally funded programs.

Eligibility for the HAP is dependant upon the following:

- live in San Francisco,
- be uninsured, and
- be willing to apply for state and federal health benefits to which s/he is eligible
- A resident may join via their employer or self-enrollment
- No exclusions for prior conditions or immigrant status

Goals of Health Access Program are to increase awareness of services, use population-based management techniques instead of reactive models, bring more money to safety net providers to expand capacity, increase patient satisfaction, increase provider satisfaction, and use capacity among other non-profit private providers.

The experience for a HAP participant will be that they will participate in a more coordinated system of care. They will get a health plan participant card, assigned to a primary care home, they will have a call center for questions/help and health education/promotion services.

San Francisco will organize the program by the following

| | |
|---|---|
| Organizer: | San Francisco Department of Health |
| Vendor: | San Francisco Health Plan |
| Providers: | Predominately traditional safety net providers |

How much will HAP cost?
The annual cost (in 2006 dollars) if all 82,000 persons enrolled is estimated at $200 million ($200 pmpm x 12 months x 82,000 = $200 million). HAP is financed through a combination of employers, individuals, the City and County of San Francisco contributions, and other public sources.

HAP implementation will be phased-in with as appropriate planning must be undertaken given complexity of tasks needed to implement the program. This will allow for the testing and refining of the program as necessary. This will protect the City's legal and moral obligation to provide the lowest income residence access to care and accommodate the absorption of participants into SF HAP efficiently.

*Advisory Committee Purpose*
As stated in the San Francisco Health Care Security Ordinance (218-06), the Health Access Advisory Committee will provide the Department of Public Health and the Health Access Program (HAP) with expert consultation and direction on such matters as setting membership rates, designing the range of benefits and health care services for participants, and researching utilization, actuaries and costs.

*Areas Needing Advisory Committee Input and Deliberation*

As the Advisory Committee is aware, the scope of benefits has been defined, the actuarial analysis completed and participant rates will be income based. Within the context of its scope, it is proposed that the Advisory Committee focus its efforts on the following over the next few months:

- identify and recommend the appropriate mechanism to link the Employer Spending Requirement and the Health Access Program for those employers who elect the HAP,
- provide feedback to the Office of Labor Standards and Enforcement regarding the proposed regulations for the San Francisco Health Care Security Ordinance,
- review and assess the time and project requirements needed to phase-in the HAP,
- identify the phase-in populations and the timeframes for phase-in,
- identify opportunities to outline innovations in the delivery of care for those participating in the HAP,
- provide input into the evaluation of the HAP program and
- provide feedback on the outreach, communications and marketing plan for the HAP.

*Operative Dates*

Below are the operative dates for the Health Access Program as stated in the Ordinance:

| HAP Operative Date | Employer Group |
|---|---|
| July 1, 2007 | HAP for employers with 50 or more employees |
| March 31, 2008 | HAP for employers with 20 – 49 employees |

*Scheduled Reporting*

The Ordinance mandates scheduled reports during the planning and implementation of the Health Access Program. As is customary, all DPH reports presented to the Board of Supervisors will be presented to the San Francisco Health Commission, as DPH's governing body, prior to their submission and presentation to the Board of Supervisors.

| Reporting Date | Report Content | Reporting Entity | Report Recipient |
|---|---|---|---|
| By Jan. 31, 2007 | Development of rules for the Health Access Program and the enforcement and administration of the employer obligations. | • Department of Public Health<br>• Office of Labor Standards Enforcement | Board of Supervisors (holds a hearing on the proposed rules) |
| July 1, 2007;<br>October 1, 2007;<br>January 1, 2008;<br>April 1, 2008 | Periodic reports on implementation including information on participant rates, effect on services provided by DPH, cost of providing services and economic impact of Ordinance | Controller's Office coordinates with DPH and OLSE to prepare | Board of Supervisors (holds a hearing to consider any responsive action) |

After July 1, 2008, periodic reports are submitted once every six months until June 2010.

*Proposed Work Plan*

The following work plan is proposed to guide the Advisory Committee's discussions and deliberations. DPH and SFHP would benefit from receiving additional advice and expertise on issues noted below.

| **Advisory Committee Meeting** | **Items for HAP Discussion, Input and/or Recommendation** |
|---|---|
| January 26, 2007 | • Review OLSE Proposed Regulations re: Health Care Security Ordinance (will contain a component regarding Employer Spending Requirement and Health Access Program)<br>• Review and Assess Time and Project Requirements Needed For HAP Phase-In<br>• Discuss Proposed Phase-In of Populations into HAP<br>• Review and Discuss DPH/OLSE report to the Board of Supervisors on HCSO/HAP Progress |
| February 23, 2007 | • Discuss and Recommend Proposed Phase-In of Populations into HAP<br>• Discuss Potential Innovations for DPH Delivery System<br>• Review Proposed Recommendations for Streamlined Eligibility and Enrollment Process<br>• Initial Discussion on HAP Evaluation |
| March 23, 2007 | • Review and Provide Input on Proposed HAP Evaluation<br>• Initial Review and Input into HAP Communications and Marketing Strategy<br>• Receive Update from OLSE on Implementation of Employer Spending Requirement |
| April 27, 2007 | • Review and Input into HAP Communications and Marketing Strategy<br>• Review and Provide Input Eligibility and Enrollment Process<br>• Receive Report on Status of DPH Preparations for HAP<br>o Provider Network<br>o Information Systems<br>o Eligibility and Enrollment<br>o Sliding Scale Conversion |
| May 25, 2007 | • Review Overall Implementation Activities to Date<br>• Review HAP Provider Network<br>• Review Estimates of Potential HAP Participation<br>o Covered Employees of Covered Employees<br>o Unemployed |
| June 22, 2007 | • Review Overall Implementation Activities to Date<br>• Receive Update on Communications and Marketing Strategy<br>• Receive Update from OLSE on Implementation of Employer Spending Requirement<br>• Review and Discuss DPH/OLSE report to the Board of Supervisors on HCSO/HAP Implementation |

Public Comment:

- Yvonne Martinez, labor representative of local 790, stating that they have all been working hard on the HAP and that they have been taking steps in the public to support the HAP. She stated that they will be asking publicly why the Golden Gate Restaurant Association is opposing a program that would help their workers. She also wanted to encourage DPH to meet with the unions in labor-management collaboration so that they can make sure the program meets the goals that the program sets out to accomplish.

Commissioner Comment:

- Commissioner Guy stated that we are now seeing the depths of where the challenges are and she appreciated the orientation to the Governor's proposal and what influence it may have. She added that the IT is an important link between, she added that she would like to see reports at the JCC level and Director's Report regarding the status and decision making process. Tangerine replied that coming to the JCC on a regular basis is something she is certainly willing to do.
- Commissioner Illig asked when the presentation on the HAP was going to be made to the BOS. Tangerine responded that the law states she must file a report by January 31st. She added that it will then go to the appropriate committee and perhaps to the legislative analyst office. Commissioner Illig replied that he is concerned about the fact that the Health Commission is not setting policy and governance for the HAP. He stated that he wants to see challenges be brought to the Health Commission.
- Commissioner Chow stated that stated that he did not understand the use of the term providers.
- Commissioner Guy added that she is looking to the budget process to set priority for 07/08. Dr. Katz responded that the budget is a policy document.
- Commissioner Chow stated that he would like to support the idea that the Health Commission receives a closed session briefing on the San Francisco Restaurant Association's lawsuit.

## 8) PUBLIC COMMENT/OTHER BUSINESS

-Ed Woerscher from SEIU 790 here to speak about the cost of doing business and the inevitable conversation we have every year. He thinks we have really benefited through the last few years from an increase in the bottom line, but that the cost of doing business is last years cost of doing business. He stated the fact is that the wages in the non-profit sector lag far behind those of city employees even as compared to 5 and 10 years ago. He added that many organizations have cut programs and cut staffing. He added that the problem really is that in order to solve this solution without simply asking for more money is to understand the public policy issues of today and ask what the current needs for San Franciscans are. He suggested that this should happen before we have the budget discussions. He stated that Barbara Garcia created a rating process that would be helpful to use going forward with this conversation.
-Debbie Lerman here to urge the Health Commission to recognize the increasing cost of doing business and to ensure this is taken into consideration with the upcoming budget process. She recognizes the efforts of Dr. Katz and Ms. Garcia last year, and that they hope they continue with the necessary steps to include an accurate understanding of these unavoidable cost pressures in contract and budget developments this year. She hoped they would have the opportunity to meet with staff this year to discuss what those costs are and the level of service expectations. She requests that the Health Commission ask staff to include an accurate accounting for the cost of the provision of services in the base budget for fiscal year 07/08 before it is approved by the Health Commission and submitted to the Mayor's Office. She stated that she does understand that we are facing another deficit this year and that non-profit contractors do not expect to be immune from the necessary decisions that may have to be made, but that she insists that their costs be included in the

DPH budget. She added that she is optimistic that this budget process will advance the goal of non-profit providers being seen as partners with DPH.
-Emily Hureo here to acknowledge the passing of an important figure in public health and that he is acknowledged in a formal way. Peter Morse passed away this Saturday morning. He co-founded the DOPE project and was a passionate advocate for the rights of intravenous drug users. He helped found needle exchange services and worked with the UFO study at UCSF and was the President of the Homeless Youth Alliance Board. She stated that he was her mentor and her hero and that this is a great loss for the community.
- Ed Woerscher from SEIU 790 here to comment on the budget process for 07/08. He stated that he has noticed at SFGH that the census far outpaces the allotment of the budget. He stated that he is very hopeful that this can be corrected with this budget. He added that in January of 2008 he has some more regulatory issues, particularly regarding nursing staff ratios. He also stated that the Department of Public Health should be in the driver's seat for all Department related issues. He stated that, for example, Jail Health Services should be with DPH and not with the Sheriff's Department. He also wanted to state that he wanted to look at the Webmedx contract and meet with staff to see if this work could be done by existing staff and that he would like to meet as soon as possible. Finally, he stated that they are very dedicated to the success of the HAP. He stated that he intends to be involved with the process and do their part to make the program as successful as it can possibly be.
-Several City and County Sr. Social Workers came to state the history of the challenges regarding being laid off as a classification and that they have not still all been reinstated. April stated that she provides direct care and was laid off in January 2005. By July 2006, with Supervisor Ammiano's help, they were able to get $45,000 for reinstatement. Two years later, all of them are still not in former roles. Susan Schneider has worked at LHH for almost 17 years as an AIDS social worker. Her case load includes those with HIV and who are homeless. After losing her position as Sr. Social Worker, there was no internal structure to support those who needed supervision. She has chosen to continue juggling direct service and clinical supervision. Leroy Hoag, who was laid off and has not been reinstated to his former position, wanted to state that he is thankful for a job and looks forward to returning to his previous classification.

## 9) ADJOURNMENT

The meeting was adjourned in the memory of Naomi Gray at 5:17 PM.

Rebekah R. Varela
Acting Executive Secretary to the Health Commission

**Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.**

HEALTH COMMISSION
City and County of San Francisco
Department of Public Health
101 Grove Street, Room 311
San Francisco, CA 94102

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President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Donald E. Tarver, II, M.D.**
Commissioner

**John I. Umekubo, M.D.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Rebekah R. Varela**
Acting Executive Secretary

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# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, January 30, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET**
**Room 300**
**San Francisco, CA 94102**

***The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove.* The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.**

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 16, 2007**
**Minutes of the meeting of January 16, 2007*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Discussion and Approval

**3.1 BHS** – Request for approval of a retroactive contract renewal with Polaris Research & Development, in the amount of $2,060,302, which includes a 12% contingency, to provide Black Infant Health Improvement Program services targeting African American parents for the period of July 1, 2006 through December 31, 2010 (4.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

Items for Approval
**3.2 ADMINISTRATION** - Resolution Authorizing the Department of Public Health, Laguna Honda Hospital & Rehabilitation Center (LHH) to accept a gift of an electric cart valued in the amount of $11,091.68, from the Laguna Honda Hospital Volunteers Inc. to be used for the maintenance and operation of the animal assisted therapy program and related facilities.
*Resolution

**3.3 BHS** – Request for approval of a retroactive contract renewal with the Regents of the University of California Center on Deafness, in the amount of $509,593, to provide mental health and substance abuse outpatient services for the period of July 1, 2006 through June 30, 2007 (1 year).
* Contract summary, Monitoring report summary, Plan of correction, Client demographic information form

**3.4 CHN** – Rehabilitation - Request for approval of four (4) contract renewals with the following two (2) firms: On-Call Therapists, Inc. and Preferred Healthcare Registry, Inc. in the combined amount of $702,750 to provide intermittent, as-needed rehabilitation therapy personnel services (Physical, Occupational and Speech Therapists) for Laguna Honda Hospital for the period of February 1, 2007 through January 31, 2009 (2 years) and for San Francisco General Hospital for the period of February 1, 2007 through January 31, 2011 (4 years).
*Contract summary, Monitoring report summary

**3.5 AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive renewal contract with Legal Services for Children, in the amount of $465,202, which includes a 12% contingency, to provide legal/guardianship/children services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2010 (4.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

**3.6 PHP-Housing & Urban Health** – Request for approval of a contract modification with Lutheran Social Services in the amount of $100,258 for a combined total of $567,945 which includes a 12% contingency to provide money management and third party rent payment services to residents of the Direct Access to Housing (DAH) sites for the period of July 1, 2006 through June 30, 2008. (2 years).
*Contract summary

**3.7 PHP – Primary Care** - Request for approval to enter into an agreement in the amount of $241,011 with Tenderloin Health, the primary contractor, to participate in a project to expand oral health services for homeless individuals infected with HIV disease in San Francisco's Tenderloin district, for the period of April 1, 2007 through December 31, 2007.
*Health Commission Memo

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **STATE AND FEDERAL LEGISLATIVE REPORT**
(Jim Soos, Deputy Director, Office of Policy and Planning)
**Report*

6) **FOR DISCUSSION:** **2$^{ND}$ QUARTER FINANCIAL REPORT**
(Gregg Sass, Chief Financial Officer)
**Update*

7) **FOR DISCUSSION:** **HEALTH ACCESS PROGRAM UPDATE**
(Tangerine Brigham, Deputy Director of Health)
**Update*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

## Accessible Meeting Policy

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

## Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Donald E. Tarver, II, M.D.**
Commissioner

**John I. Umekubo, M.D.**
Commissioner

**Mitchell H. Katz, M.D.**
Director of Health

**Rebekah R. Varela**
Acting Executive Secretary

**TEL (415) 554-2666**
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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, January 30, 2007**
**At**
**3:00 p.m.**
**1001 Potrero Avenue**
**Carr Auditorium**
**San Francisco, CA 94102**

## 1) CALL TO ORDER

President Lee Ann Monfredini called the meeting to order at 3:04 p.m.

| | |
|---|---|
| Present: | Lee Ann Monfredini, President<br>David J. Sanchez, Jr., Ph.D., Vice President<br>Edward A. Chow, M.D.<br>Roma P. Guy, M.S.W.<br>James M. Illig<br>Donald E. Tarver, II, M.D. |
| Absent: | John I. Umekubo, M.D. |

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 16, 2007

Action Taken: The minutes were approved without change.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Tarver and Commissioner Chow attended the Budget Committee meeting. Item 3.3 was held over due to staff unavailability until 2/13/2007.

Items for Discussion and Approval

**3.1 BHS** – Request for approval of a retroactive contract renewal with Polaris Research & Development, in the amount of $2,060,302, which includes a 12% contingency, to provide Black Infant Health Improvement Program services targeting African American parents for the period of July 1, 2006 through December 31, 2010 (4.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment:

- Commissioner Chow asked what the pre-intervention infant birth weight was for African American infants. Twila Brown stated that San Francisco has historically 2 to 3 times the rates of infant mortality weight as the rest of the state. For San Francisco the rate of low birth weight was 16.2% and after intervention the rate was 0%. Commissioner Chow asked how this program rated against the other Black Infant Health Programs in the state. Janee Jones stated that they are leading the pack in cutting edge outreach strategies including using media outlets. Twila Brown stated that the quantitative data is available from the state.
- Commissioner Tarver congratulated the program on its success. Commissioner Chow added that they have now found another success story in the Bayview.
- Commissioner Sanchez stated that as the only city and county system, we have more freedom for creativity. Janee Jones stated that they are working to make a film that better told the story of their clients and that we would see that in March. Commissioner Sanchez added that there is a movement towards family health that focuses on the multi-cultural and multi-language. Twila Brown also recognized Polaris for its collaborative work.

Items for Approval

**3.2 ADMINISTRATION** - Resolution Authorizing the Department of Public Health, Laguna Honda Hospital & Rehabilitation Center (LHH) to accept a gift of an electric cart valued in the amount of $11,091.68, from the Laguna Honda Hospital Volunteers Inc. to be used for the maintenance and operation of the animal assisted therapy program and related facilities.
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*Health Commission Memo

Commissioner Comment:

- Commissioner Sanchez commented that this was a very unique pathway in providing integrated services. He added that this was a more comprehensive method of providing primary care.
- Commissioner Tarver stated that this contract and the other we heard last time, Tenderloin Health was providing innovative care despite the funding source. He commended them for looking at this as a neighborhood intervention.
- Commissioner Chow stated that Commissioner Parker would be pleased to see the focus on oral health and that he wanted to reinforce that dental care is a very important aspect of care. He added that he wanted to note the collaboration between Tom Waddell and Tenderloin Health and that he wanted to commend the collaboration. Marcellina Ogbu thanked the Budget Commission and stated that it is a challenge but that they are working hard to make it work. Tracy Brown added that they went into this collaboration with great respect for both organizations.

Action Taken: The Commission passed the consent calendar with the exception of item 3.3 which was held over to 2/13/2007.

## 4) DIRECTOR'S REPORT

Mitch Katz, MD, Director of Health presented the Director's Report.

Symbol of Excellence Awards
The Bureau of Environmental Health Services mailed its new "Symbol of Excellence" placards to 1, 463 food facilities and restaurants in San Francisco last week. The City has 5,369 food facilities that are eligible to receive the award. The Symbol of Excellence is awarded to facilities that earn food safety scores of 90 or above (100 is a perfect score) and avoid high risk violations on three consecutive routine inspections. The public should begin seeing the colorful placards displayed in a prominent place at restaurants and food facilities immediately. The information is also posted on the website. A special recognition goes out to Lisa O'Malley, Andy Jin and their staff for their tireless efforts in bringing this program into operation.

The artwork on the Symbol of Excellence was done by Patrick Ma, an 8th grade student at Benjamin Franklin Middle School. Benjamin's drawing was selected from an art contest sponsored by the SF Food Systems Program. Dr. Katz attached a sample of the Symbol of Excellence to the Commissioners' report.

Community Forum in BVHP
The Community Health Education Section, in collaboration with Network for Elders, Literacy for Environmental Justice and Bayview Hunters Point Community Advocates, hosted a Community Forum on Thursday, January 25th at St. John's Missionary Baptist Church in the Bayview. The Forum was to consider and comment on the Pedestrian Safety Planning Report which the collaborating agencies have produced over the past 10 months, with the support of an Environmental Justice community-based planning grant from the California Department of Transportation. To produce the report, youth and seniors were trained and funded to hold focus groups and collect surveys. The Forum was well-attended, and, in addition to DPH staff, other City Department representatives were there to answer questions and offer solutions to residents' concerns. These included staff from MTA/DPT, 3rd Street Light Rail, DPW, and the SFPD, both Bayview Station and the Traffic Company. In addition to specific traffic safety issues, including speeding, large vehicles double-parked and unsafe turns, residents expressed concerns about trash, blocked and damaged sidewalks, and violence that made it very difficult for people to walk in the neighborhood. In the next phase of the project, agencies will review the concerns expressed in the report and develop specific recommendations for improvements and an implementation plan.

California Community Choices Advisory Committee
Dr. Katz was pleased to announce that Mivic Hirose, Chief Nursing Officer of Laguna Honda Hospital & Rehabilitation Center has been selected to sit on the California Community Choices Advisory Committee, the advisory committee that will be responsible for overseeing implementation of the 2006 Real Choices Grant. The Real Choices grant is a $3 million grant the California Health and Human Services Agency (CHHSA) received from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS). The purpose of the Real Choice Systems Transformation grant, referred to as the California Community CHOICES program, is to help build the state's long-term care system infrastructure and to increase the capacity of the home and community- based services system. The California Community CHOICES program is consistent with CHHSA's commitment towards Olmstead implementation and long-term care infrastructure reform. To this end, the project will address the following three goals:

- Improved Access to Long-Term Support Services
- Transformation of Information Technology Systems
- Creation of a System that More Effectively Manages the Funding for Long-Term Supports that Promote Community Living Options

Congratulations to Mivic for being selected to serve on this Advisory Committee.

LHH Foundation Reinstates
Dr. Katz is happy to announce that the Laguna Honda Hospital Foundation Board of Directors has decided to come out of suspension and reinstate the Foundation. This announcement was made after the Board convened on January 9, 2007 to discuss the future of the Foundation. They will hold their next meeting at LHH in February to discuss their planned and phased reopening. We are pleased to see them back in operation.

Dependency Drug Court Grant

Community Behavioral Health Services (CBHS) has received a competitive grant award of $287,177 from the California Department of Alcohol and Drug Programs to establish a dependency drug court (DDC) in the family courts. The DDC is a new collaboration of DPH, Superior Court and the Human Service Agency/Child Welfare Services. Parents who have been served with a child abuse or neglect petition and who have an alcohol or other drug problem will be eligible the specialized court. The objectives of the program are to achieve good alcohol and drug treatment outcomes, reduce child out of home placement time, reduce time to family reunification, reduce the incidence of failed family reunifications, and to stabilize families into long term supportive networks and housing. The state intends this to be a recurring grant, with no expiration date.

DPH Computer Virus

The Department of Public Health has been under a serious computer virus attack for the last two weeks. Laguna Honda Hospital has been hit particularly hard, but the virus is also affecting computers throughout the system. We anticipate this will have an impact on our ability to respond to constituents, patients, other departments and city administration. The virus is affecting drives where information is stored, the email systems is unsteady and unreliable, and access to the system both offsite and from DPH offices has stymied our work. MIS is working diligently to correct the problem, but we do not see an end date to it, nor a simple solution.

Commissioner's Comments

- Commissioner Monfredini stated that she would like to thank Commission Sanchez for attending the entire service for Commissioner Grey on behalf of the Health Commission.

## 5) LETTER TO THE PUBLIC FROM COMMISSIONER TARVER

Commissioner Tarver read the following letter into the record:

The year 2007 marks my 20th year of service affiliation with the San Francisco Department of Public Health and its community-based partners. For the past two years, I have been privileged to fulfill the unexpired term of a former Commissioner. I have done my job with enthusiasm and energy – attending nearly every Commission and Joint Conference Committee Meeting to which I was assigned, reading as much of our voluminous binder reports as is humanly possible, and meeting with smaller groups of community stakeholders. Among the accomplishments that I am most proud of are:

1. Leading the Commission's Proposition Q discussion about the negative impact of the closure of St. Luke's Hospital's inpatient and outpatient psychiatric services;
2. Advocating that programs serving a majority of African Americans should recruit and retain African American staff and develop culturally competent programming;
3. Supporting the acceleration of the integration of DPH services and the diminution of silos that separate our hospitals and community clinics and home care; that separate our medical and psychiatric and substance abuse services; and silos that arbitrarily separate our hospital, CHN, CBHS and San Francisco Health Plan pharmacy formularies. My fellow Commissioners, please do not add yet another formulary silo for the Health Access Program to this inexplicable and inefficient list.

I have also advocated for raising much-needed revenue to offset our General Fund by encouraging increased identification of outpatient clients who should apply for SSI and therefore likely recoup retroactive and prospective MediCal revenues. Transgender persons who happen to be clients of our healthcare system should be dignified by changing the demographic designation of "Male, Female or Transgender" to "Male or Female" with sub-categorizations of Transgender Male and Transgender Female.

My fellow Commissioners I appreciate the diversity of identities and perspectives that you represent, and I respect equally our many successful collaborations and our fewer yet significant clashes. We are fortunate to retain the outstanding talents of our Director and Hospital CEO's, as well as the expertise of our Deputy Directors Brigham, Garcia, Loyce and Kronenberg. I applaud the hardworking DPH staffers within and far outside of this monumental edifice.

The Department and this Commission face continued challenges as hospitals are built, budgets are tightened and experienced staffs inevitably retire from duty. As new Commissioners are seated here, I implore my colleagues to orient and integrate their ideas and input rather than attempting to assimilate or isolate them.

Thank you for permitting me this magnificent opportunity that I will cherish as I continue onward in frontline service and community advocacy for the benefit of San Francisco's public healthcare safety network. It has been a pleasure.

Commissioner Comment:

- Commissioner Monfredini thanked Commissioner Tarver for his comments and stated that she looks forward to seeing his work in the future.
- Commissioner Guy stated that she also wanted to recognize Commissioner Tarver for stepping in to complete an unexpired term and also for his leadership on Prop Q. She added that she looked forward to collegiate work with him in the future.
- Commissioner Chow thanked Commissioner Tarver for his efforts and his ability to broaden the understanding of the Commission on issues of mental health and substance abuse. He added that Commissioner Tarver gave his all and thanked him for this.
- Commissioner Sanchez agreed with the other Commissioner's comments and added that he thanked Commissioner Tarver for his hard work on the budget process. He added that Commissioner Tarver really worked for large scale change and that now he has had the opportunity to gain an understanding regarding policy and how to effect systemic change. He also stated that we would be seeing in the future major changes that Commissioner Tarver had initiated.
- Commissioner Illig stated that he wanted to thank Commissioner Tarver for his efforts on both a professional and personal level and that even with all of his experience he has gained so much from Commissioner Tarver's day-to-day experience with clients. He added that he would be taking Commissioner Tarver up on his offer to provide counsel regarding on-going Health Commission issues and the HAP.

## 5) STATE AND FEDERAL LEGISLATIVE REPORT

Jim Soos, Deputy Director, Office of Policy and Planning, presented the Stated and Federal Legislative Report.

*Legislation and the Strategic Plan*

Goal IV, Objective 2 of the 2004 update of the Department of Public Health's (the Department) Strategic Plan directs staff to "Pursue State and federal health policy changes consistent with Department priorities." Specifically, staff is tasked to:

a. Engage in local, State, and federal advocacy efforts through the Mayor's Office; and
b. Advocate for State and federal legislative changes addressing programmatic issues.

Advocacy efforts on behalf of the Department are coordinated through the Office of Policy and Planning (OP&P). Through legislative analysis, participation in statewide and national coalitions, and in collaboration with community partners and colleagues from other counties, OP&P reviews and analyzes State and federal legislation and its impact on the Department. The Department works closely with the Mayor's Office of Policy and Finance to advocate for policy changes that improve the health of San Franciscans.

*Overview of the Federal Legislative Session*

The second session of the 109th Congress convened on January 3, 2006 under Republican leadership in both houses. Some of the major debates that the legislature undertook included illegal immigration and border security, same-sex marriage, stem cell research, tax relief and reform, terrorism and homeland security, and the ongoing war in Iraq. None of these issues, however, saw any resolution. According to CNN, "Of the 383 pieces of legislation that were signed into law during the two-year 109th Congress, more than one-quarter dealt with naming or renaming federal buildings and structures -- primarily post offices -- after various Americans."[1] The 109th Congress has been called, "...one of the most lethargic of all time," by the Washington Post "...deplorable on civil rights," by the NAACP, and "...one of the most partisan, and least productive, in history." by National Public Radio.

One issue that Congress was unable to come to agreement on was a budget. The Office of Management and Budget (OMB) estimated that by the end of federal fiscal year (FFY) 2006, the federal deficit would reach $423 billion, making it the fifth straight year of federal overspending. Faced with potential government shutdown, in March 2006, Congress passed and the President signed legislation to raise the debt ceiling to $9 trillion. The national debt now stands at nearly $8.7 trillion. This is fourth time in five years that Congress has voted to raise the debt ceiling. When President Bush took office in 2001, the national debt stood at $5.6 trillion. To date, under the Bush administration, the national debt has increased by 55 percent.

*Overview of the State Legislative Session*

The opening of the Legislature in January marked the start of second year of its two-year legislative session. This was an active session for health-related bills, with issues ranging from lead plumbing to hospital financing. It was also the first time in California's history that a single-payer universal healthcare bill, SB 840, reached the Governor's desk. Governor Schwarzenegger vetoed that legislation noting that "socialized medicine is not the solution to our state's health care problems." More detail on the bill is included below.

It was also a good session for San Francisco health-related bills. All three of the bills that the Department sponsored, trauma services (AB 50), mobile methadone coverage (AB 631), and the community-living support waiver (AB 2968), were passed and signed by the Governor. All three of those bills are discussed in more detail below.

A. State Coverage Initiative (SB 1448)

SB 1448 is the enabling legislation for the Health Care Coverage Initiative as required under the Special Terms and Conditions of the State Medicaid Section 1115 demonstration project waiver relating to hospital financing and health care coverage expansion that became effective on September 1, 2005. In order to participate and draw down federal Medicaid matching funds, counties need to submit an application to the California Department of Health Services (DHS), which includes plans for covering uninsured individuals. Awards are for a three-year period, and grantees are required to provide the matching funds necessary to claim federal funding.

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[1] http://www.cnn.com/POLITICS/blogs/politicalticker/2006/12/109th-congress-success-at-naming.html

DHS released its Request for Applications on November 1, 2006. Applications were due on January 11, 2007. A total of $180 million per year over the three years of the grant will be distributed on a competitive basis are follows:

- Awards will be distributed geographically.
- Within each geographic area listed below, the evaluation committee will array the applications from the highest to the lowest ranking application, and select the highest ranking application within each of the following three areas:
  1. The Greater Bay Area (including Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma Counties).
  2. Southern California (including Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties).
  3. The remaining area of the State, not listed in 1 and 2, above.
- Following selection of the three applications from the areas listed above, the evaluation committee will array the remaining applications from the highest to the lowest ranking and select two or more applications with the highest ranking(s) statewide.

The Department submitted its application for $82.6 million over the three-year grant period for implementation of the Health Access Program (HAP). An award response from DHS is due March 1, 2007.

B. Victim Compensation: Trauma Services (AB 50)

AB 50, which appropriates $1.3 million in funds for the Trauma Recovery Center at San Francisco General Hospital/University of California, San Francisco (UCSF), was passed by the legislature and signed by the Governor. Assemblyman Mark Leno introduced the legislation, which the City and the Department sponsored. Funding commenced July 1, 2006, and is being appropriated from the Restitution Fund to the Claims Board. In signing the bill, the Governor said: *"To the Members of the California State Assembly: I am signing AB 50. The Trauma Recovery Center (TRC) located at San Francisco General Hospital/UCSF has shown itself to be a very successful, nationally recognized model program. Given that the TRC has demonstrated its success by increasing the number of victims served while simultaneously decreasing the cost of services, I do not want to jeopardize its existence. However, I am very concerned about the use of Restitution Funds even though this money would be used to provide services to victims in a more efficient manner. Thus, I am signing this bill in recognition that this will be a one-time appropriation in order to ensure that the program still exists so that it can be replicated throughout the State. I believe that every victim in every county of California should have access to similar programs that increase the availability and success of victim services while reducing overall costs of administration. Therefore, I am directing the Victims Compensation and Government Claims Board and the Department of Finance to assess the cost of implementing similar programs on a statewide basis and to determine the availability and condition of any appropriate funding sources. Sincerely, Arnold Schwarzenegger."*

C. Medi-Cal Coverage for Mobile Methadone Treatment (AB 631)

AB 631, passed by the legislature and signed by the Governor, provides Medi-Cal reimbursement for mobile methadone vans by requiring the California Department of Alcohol and Drug Programs (DADP) to establish a mobile narcotic treatment program (MNTP). MNTPs would need to meet one of the following requirements: 1) Hold a primary narcotic treatment license; or 2) Be affiliated and associated with a primary licensed narcotic treatment program. A MNTP meeting requirement 2 would be exempted from the requirement to have a separate license from the primary license holder with which it is affiliated and associated. Assemblyman Mark Leno carried this legislation, which was sponsored by the City and the Department.

### D. Medi-Cal Community Living Support Benefit (AB 2968)

AB 2968, passed by the legislature and signed by the Governor, creates a Medi-Cal reimbursement rate structure for community living support services to assist San Francisco beneficiaries who would otherwise be homeless, living in shelters, or institutionalized. This bill was introduced by Assemblyman Mark Leno and was sponsored by the City and the Department. This is a San Francisco-specific waiver that will provide community-based care targeted to individuals seeking to leave Laguna Honda Hospital (LHH) or persons at imminent risk of entering LHH absent such services.

Prior to this legislation, Medi-Cal provided a single reimbursement rate for the range of services beneficiaries need when they were in an inpatient institutional setting. However, no such designated reimbursement rates existed for community-based living services in San Francisco. This created significant barriers to the provision of community-based care for Medi-Cal beneficiaries, especially those who are homeless, who have multiple and complex service needs that often require these services in a residential setting such as a Residential Care Facility for the Elderly (RCFE). While Medi-Cal reimbursement was available for coordinated services to meet a wide range of patient needs in inpatient settings, like LHH, the City was forced local general funds to coordinate care provided in the community. This significantly limited these efforts, and some types of residential settings were not covered, including RCFEs.

Implementation of this legislation will mean more options for lower income individuals in need of long-term care, simplification of uncoordinated and complex reimbursement, and reductions in inappropriate inpatient care, consistent with the Supreme Court's Olmstead decision. Currently, DPH staff is working with the California Department of Health Services staff to implement AB 2968 through a federal Medicaid waiver with the federal Centers for Medicare & Medicaid Services.

### E. Proposition 85

Proposition 85, put forward on the November 2006 California ballot, would have amended the California Constitution to prohibit abortions for un-emancipated minors (under age 18) until 48 hours after the physician's notification of the minor's parent or legal guardian, except in the case of medical emergency or with parental waiver. It did permit the minor to obtain a court order waiving parental notice based on clear and convincing evidence of the minor's maturity or best interest. Proposition 85 failed with 54 percent voting no and 46 percent voting yes.

Proposition 85 was essentially a reprise of Proposition 73, which California voters defeated in November 2005 by a margin of 53 percent to 47 percent. Like Proposition 85, Proposition 73 would have amended the California Constitution to prohibit abortions for minors until 48 hours after physician notification of a parent or guardian. It also contained a provision for judicial waiver of parental consent.

Both the Health Commission and the Board of Supervisors opposed passage of Proposition 85.

### F. Proposition 86

Proposition 86, also on California's November ballot, would have imposed a $0.13 tax per cigarette ($2.60 per pack) sold in California with the funds raised through the tax distributed to health programs, including:

- Hospital emergency and trauma care
- Nursing education
- Non-profit community clinics
- California Healthcare for Indigents Program (CHIP)
- Tobacco cessation and other health treatment and services programs
- Children's health insurance (Statewide expansion of the Healthy Kids program)
- Heart disease, cancer and other health maintenance and disease prevention programs
- Tobacco control and disease research

Proposition 86 failed with 52 percent voting against and 48 percent voting in favor. Both the Health Commission and the Board of Supervisors supported passage of the proposition.

### G. Looking Forward

The new two-year session of the California legislature looks to be a busy one for health. Both Assembly Speaker Fabian Nunez (D-Los Angeles) and Senate President Pro Tem Don Perata (D-Oakland) have introduced legislation to expand health care coverage for Californians, AB 8 and SB 48, respectively. This was closely followed by Governor Schwarzenegger's Health Care Proposal for health care coverage for all Californians. In his proposal he includes three essential building blocks: prevention, health promotion, and wellness; coverage for all Californians; and affordability and cost containment. Some of the elements of his plan include:

- Providing incentives to promote healthy lifestyles
- Preventing medical errors and hospital-acquired infections
- Ensuring the availability of emergency rooms and trauma care
- Covering all Californians through a variety of means:
    - Covering all children, including undocumented children, under 300 percent FPL through the Medi-Cal and Healthy Families programs
    - Requiring parents/guardians of children over 300 percent FPL to provide coverage through an employer-based or individual plan
    - Requiring all adults to have a minimum level of coverage (individual mandate) by enrolling all adults under 100 percent FPL in the Medi-Cal program, providing a subsidized purchasing pool for adults 100 to 250 percent FPL, and requiring individuals over 250 percent FPL to obtain coverage through an employer-based or individual plan
    - Providing coverage through uninsured undocumented adults through county government
    - Requiring employers of ten or more employees to offer health coverage or contribute four percent of payroll toward the cost of their employees' health coverage
- Directing more funds to doctors and hospitals while requiring hospitals to contribute back four percent of gross revenue and doctors to contribute back two percent of gross revenues
- Ensuring affordability and cost containment by increasing Medi-Cal reimbursement, requiring health plans and hospitals to spend 85 percent of revenues on patient care, enhancing tax breaks for individuals and employers who purchase insurance, reducing regulatory barriers, encouraging health information technology, and leveraging State purchasing power through Medi-Cal.

Given the public's focus on the state of health care in California and across the country, these proposals provide the first opportunity in a number of years for health care system reform.

Commissioner Comment:

- Commissioner Monfredini thanked Jim Soos for his report. She stated that it is both frustrating and exciting.
- Commissioner Illig asked to confirm that AB50 was not funded by DPH or UCSF. Pamela Levin replied that DPH did not recommend funding it and that the BOS provided an add-back if this bill passed. We did not spend any of the money this year and the program is on hold. Commissioner Guy asked if this would be reintroduced by Leno this year. Jim Soos replied that he did not know if this was going to be reintroduced and that he would follow up on that. Commissioner Tarver stated that he was under the impression that the Governor wanted to fund more than just San Francisco. Gene O'Connell replied that other areas did apply for this but they were not successful. She added that she would report on this in depth at the February SFGH JCC.
- Commissioner Illig asked if SB1661 gave us two more years for the rebuild. Mr. Soos replied that this did give us two more years for the rebuild but that there were added requirements from the state. He added that Dr. Katz had stated that we were in good shape for this. Commissioner Illig also asked if this included any efforts to keep buildings from being rebuilt. Gene O'Connell clarified that there is now a computer program that shows how hospitals will respond to an earthquake and that it is being used to see how hospitals need to be structurally supported.
- Commissioner Chow stated that he appreciated the summary in the report. He stated that under Environmental Health we talk about lead abatement, and he asked if there would be any other areas in which we would experience inclusion. Mr. Soos stated that one area might be the expansion of the plastics toys to a state level. He added that DPH is also able to go to the Mayor's Office and bring to their attention additional legislative that is of concern. Commissioner Chow also asked that the issue of nutrition and obesity be addressed in a proactive manner.
- Commissioner Tarver stated that this was a superb report. He stated that one of the threats he saw on a state and federal level was around undocumented persons. He added that one of the things California tries to do is buck the trend of exclusion and that we need to stay on top of advocating for everyone. He added that he hopes the new congress will address the donut in Medicare Part D. He stated that there was a lot to be encouraged by and also some to be concerned about.
- Commissioner Guy asked about the resubmits. Jim Soos stated that Senator Keuhl's legislation has not come up again. Commissioner Guy added that this would be a great year around discussion of health care. She requested that as the year goes on that the Commission receives updates on these issues and that the Commission receives information on resubmits as they happen.
- Commissioner Guy asked Dr. Katz what would come from the new Health Care Services Department. Dr. Katz stated that while DPH has not taken a formal position, he would think that we would support it. He added that currently the focus is on MediCal and the reports are always focused on such things as MediCal fraud. The new Department would split off such areas as environmental health and would be led by a physician. He added that this would provide better medical direction.
- Commissioner Chow asked what role we would be playing at the state level. Dr. Katz stated that the best way to proceed would be to issue a joint statement from the Mayor's Office, the Board of Supervisors, the Health Commissioner and the HAP Advisory Board.
- Commissioner Illig asked if we have any earmarked requests from this year's federal budget. Anne Kronenberg stated that there would be no earmarks for anyone in the nation. She added that such earmarks as HIV funding and direct access to housing for San Francisco were removed.

- Commissioner Guy stated that it seems like legislators put certain ideas out there and that if, for example, undocumented people are removed that counties pay too high a price. She added that while everyone must contribute, everyone must also benefit. She stated that we need to be as close to the negotiations as possible and that this is a highly political issue.

## 6) 2ND QUARTER FINANCIAL REPORT

Valerie Inouye, CHN CFO, gave the 2nd Quarter Financial Report.

| | REVENUES | | | EXPENDITURES | | | TOTAL |
|---|---|---|---|---|---|---|---|
| Division | Revised Budget | Current Projection | Surplus/ (Deficit) | Revised Budget | Current Projection | Surplus/ (Deficit) | Surplus/ (Deficit) |
| Department of Public Health | | | | | | | |
| SFGH | $ 610,957,000 | $ 625,345,000 | $ 14,388,000 | $ 610,957,000 | $ 624,226,000 | $ (13,269,000) | $ 1,119,000 |
| Laguna Honda | 183,902,000 | 187,680,000 | 3,778,000 | 183,902,000 | 187,596,000 | (3,694,000) | 84,000 |
| Primary Care | 52,502,000 | 51,828,000 | (674,000) | 52,502,000 | 52,619,000 | (117,000) | (791,000) |
| Health at Home | 10,454,000 | 10,343,000 | (111,000) | 10,454,000 | 9,014,000 | 1,440,000 | 1,329,000 |
| Jail Health | 25,052,000 | 25,052,000 | - | 25,052,000 | 25,468,000 | (416,000) | (416,000) |
| Public Health | 112,693,000 | 111,093,000 | (1,600,000) | 112,693,000 | 111,893,000 | 800,000 | (800,000) |
| Mental Health | 217,310,000 | 217,310,000 | - | 217,310,000 | 215,565,000 | 1,745,000 | 1,745,000 |
| Substance Abuse | 67,916,000 | 67,916,000 | - | 67,916,000 | 67,916,000 | - | - |
| TOTAL DPH | $ 1,280,786,000 | $ 1,296,567,000 | $ 15,781,000 | $ 1,280,786,000 | $ 1,294,297,000 | $ (13,511,000) | $ 2,270,000 |

The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer (IGT), Transfer In and Project Related expenses.

Commissioners' Comments

- Commissioner Illig asked regarding the sobering center, that although the hospital grants have expired and the budgeted revenues were not removed, have we asked the hospitals to donate again. Dr. Katz stated that they had asked the hospitals to give again, but that they did not as it wasn't there understanding. He stated that they thought they were contributing to the start up. Commissioner Illig asked if they were speaking to DPH through the Hospital Council and Dr. Katz confirmed that they were. Commissioner Illig responded that those who were affiliated with the hospitals could help with ask.
- Commissioner Chow stated that it is a policy decision whether DPH should continue to seek funding for this project from the Hospitals or if funding it from DPH would ease administration. Dr. Katz stated that there wasn't an administrative problem, and that the hospitals feel that this is an issue that should be handled by the public sector.
- Commissioner Illig stated that he felt this should be followed up with in light of charity care and the request by the hospitals to include community benefit in the charity care report.
- Commissioner Sanchez asked that the Commission hear about how the hospitals feel about this issue. Commissioner Chow stated that this was something that all of the hospitals had worked together on and that he was surprised that they didn't want to participate any more. He also added that LHH has done a great job of reducing their overspending.

- Commissioner Chow asked if the favorable variance on benefits was a case of over estimation. Dr. Katz responded that with the budget process, estimating was necessary and that budgets going forward would reflect the previous year's actuality.
- Commissioner Illig stated that he wanted to point out that we continue to bleed out money to long-term care out of county for mental health care. He asked that Liz Grey look at this. Commissioner Monfredini added that she experienced this in a personal way working on bed placement.
- Commissioner Sanchez added that through the LHH JCC, Liz Grey does look at these issues and that this is part of our comprehensive package. He stated that the Robert Wood Johnson Foundation has made public health a priority and looking at critical issues affecting public health and the he hoped that we are linked into this, as we have several unique initiatives that may be able to be funded.

## 7) HEALTH ACCESS PROGRAM UPDATE

Tangerine Brigham, Deputy Director of Health presented the Health Access Update.

**San Francisco Health Access Program (SF HAP) Outline**

- HAP Design Recommendations
- Health Care Security Ordinance Status Report to Board of Supervisors

**Current Programmatic and Policy Issues**

- Linking HAP to Employer Spending Requirement (ESR)
- Provider Network Issues
- State Health Care Coverage Initiative
- Information Technology Factors

**Key Concepts, Highlights and Integration Points**
Benefits/Services

- Benefits/services offered under HAP will be those noted in the Universal Healthcare Council recommendation with further detailed refinement.
- Use of DPH pharmacy ensures opportunities to maximize 340B funding.
- Use existing behavioral health network that is managed by Community Behavioral

**Key Concepts, Highlights and Integration Points**
Eligibility and Enrollment

- HAP applications can be available at many locations, but sent to central eligibility department at DPH, to maximize other funding.
- Once eligible, SFHP links participants to HAP via unique enrollment card, benefits, program information and member services phone number.

Employer Participation

- Incorporate design of administration, operations and outreach for Employer Spending Requirement in first phase. Implement once lawsuit is resolved, and target population and timing is solidified.

Phase-In

- HAP participation will be phased-in starting with DPH's sliding scale population.

Participant Fees

- Participants with incomes at or above 101% FPL will pay participant fees and point of service fees.
- Participant fees under HAP will be similar to current Sliding Scale fees but administered differently (e.g., SFHP handles billing / collections and participant's payment status linked to eligibility).

Provider Network

- HAP will be launched with a provider network which is broader than DPH.
- Align timing of incorporating consortium clinics and other private networks to meet health needs and number of HAP participants.

Utilization Management

- The UM process for HAP will be similar to the one currently used by DPH, with the exception that SFHP will provide UM support when access to care issues require referrals outside the DPH network.

**Program Issues Discussed at Joint HAP Design Meeting**

- ◆Provider Network and Capacity Expansion
- ◆Technology and Operational Impact
- ◆Participant Fees and Rules

**Issues Still Under Assessment**

- ◆Behavioral Health Network
- ◆Coordination of HAP with other public insurance programs
- ◆Pharmacy – 340B Pricing

**Resource Needs**

- ◆Implementation of HAP will require increased expenditures, but will also provide increased revenue to cover the cost increases.
- ◆Once implemented DPH anticipates HAP will be budget neutral
- ◆Additional planning costs estimated at $2.7 million
- ◆Expenditure increase with HAP implementation because:
- entails serving more uninsured individuals,
- revamping eligibility and registration processes,
- enhancing information technology systems,
- expanding access (clinical hours, services, staff),
- increasing the number of providers serving the population and
- contracting with a vendor to administer the program.

**Linking HAP and ESR**

- ◆Developed mechanism to link ESR and HAP
- ◆Employer focus group and broker interviews suggest HAP could be strengthened
- ◆HAP addresses uninsured residents while ESR addresses uninsured workers
- ◆Modifying HAP to include a Flexible Spending Account would address issues
- ◆DPH recommends that the Health Care Security Ordinance be amended to create a Flexible Spending Account option under HAP for non-resident workers of employers subject to the ESR

**Next Steps in HAP Planning**

◆Submission of Board of Supervisors Report

◆Recommendations will be finalized within next week

◆Implementation of internal DPH Communications Plan

◆Develop operation/implementation planning structure

**What's next?**

◆Finalize design recommendations – leads to development and implementation stages

Commissioner Comment:

- Commissioner Monfredini stated that she commends the report and that she feels that having Tangerine Brigham in the role of leader makes her feel that this will be successful. She added, however, that how this is started is how it will be seen in the future. She added that there is a role for the Commission to play in support of the HAP and that they are here for her.
- Commissioner Illig asked if we have a plan B if the state money does not come through regarding the IT piece. Ms. Brigham stated that there was. She added that going forward the IT components exist regardless of the number of people enrolled in the program. She stated that she believes that we will receive the funding we need and that the Mayor's Office is aware of this. Dr. Katz added that there is the possibility to look at the internal IT budget or look to general fund.
- Commissioner Illig asked if we have thought about how to integrate those with HIV. Ms. Brigham stated that we have not designated the Positive Care Clinic (PCC) as an assigned medical home, but as a referred medical home per the PCC recommendations. She added that we are not using CARE dollars in the HAP. Dr. Katz added that the biggest threat is if ADAP goes away and the rest will exist as is.
- Commissioner Chow confirmed that the HAP would cover the undocumented. He asked Ms. Brigham to comment on how the state proposals address this issue. She stated that undocumented children are treated differently than undocumented adults. She added that she is meeting with state officials on health care reform regarding how the state proposals will affect the HAP.
- Commissioner Chow asked if those who are not residents of San Francisco could access the HAP through their employers. Dr. Katz stated that this was not something a department of public health can do as it is designed to serve those in their county. He added that the future possibility of reciprocity with other counties would be something we could look at in the future.
- Commissioner Tarver asked if Ms. Brigham was speaking about a new IT system and if so how it interacted with the existing system. Ms. Brigham stated that they are looking at consolidating the eligibility system and they need to be able to send information over to the Health Plan, which currently doesn't exist.
- Commissioner Tarver asked about cultural competency in relation to client choice. He stated that clients might wish to choose specific providers or clinics based on how they identify their conditions. He warned against rigidity and displacement of existing clients. Ms. Brigham responded that the behavioral health workgroup looked at the issue and came back with the decision that everyone should have a primary care home.
- Commissioner Guy stated that they would like quarterly reports and a monthly report at the CHN JCC on the HAP.

## 8) PUBLIC COMMENT

-Michael Petrelis here to speak in regards to Dr. Klausner's support of a lawsuit against Viagra. He stated that it needs to be clarified if Dr. Klausner is speaking on behalf of DPH. He also asked if Dr. Klausner is losing the audience DPH needs to target by speaking out about this issue. He stated he hopes that it is not the policy of DPH to support the lawsuit against Pfizer regarding Viagra. He added that there is evidence that Viagra helps men on the AIDS cocktail to keep an erection and thus use a condom. Mr. Petrelis also added that he felt Dr. Klausner was an alarmist and that people with Syphilis were not a ticking time bomb but people who needed medical treatment.

- Ed Worshouer stated that the organization Health Care without Harm has given Local 790 a mini-grant. He stated that this will provide them with the opportunity to present on issues of environmentally friendly health care. This training will be on March 15, 2007. He thanked all of those who helped him with the grant. He added that in regards to pandemic and seasonal flu, there is a training program that he would like to send a few nurses to with the Union's money. He stated that he needs to coordinate with whomever the person is who in charge of this so that this training is utilized. Dr. Katz responded that this was Dr. Susan Fernyak. Mr. Worshouer also stated that he was credited in the minutes with a speech he did not give.

## 9) ADJOURNMENT

The meeting was adjourned at 5:50 PM.

Rebekah R. Varela
Acting Executive Secretary to the Health Commission

**Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.**

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Roma P. Guy, M.S.W.**
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**James M. Illig**
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**Donald E. Tarver, II, M.D.**
Commissioner

**John I. Umekubo, M.D.**
Commissioner

**Mitchell H. Katz, M.D.**
Director of Health

**Rebekah R. Varela**
Acting Executive Secretary

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# RESCHEDULE NOTICE

# FOR

# SAN FRANCISCO HEALTH COMMISSION

**The San Francisco Health Commission meeting scheduled for**
**Tuesday, February 6, 2007 has been rescheduled to**

## Tuesday, February 13, 2007, 3:00 p.m.

**An agenda will follow.**

**For information please call the Commission Office at 554-2666.**

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**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

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# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, February 13, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET**
**Room 300**
**San Francisco, CA 94102**

***The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove.*** ***The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.***

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

**1) CALL TO ORDER**

**2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 30, 2007**
**Minutes of the meeting of January 30, 2007*

**3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Discussion and Approval

**3.1 CHN-Facilities** – Request for approval of a new perpetual software license agreement and five year software maintenance agreement with McKesson Information Solutions, LLC, in the amount of $1,953,161, which includes a 12% contingency, to provide for an upgrade from the existing MATKON inventory control system to the McKesson Pathways Material Management system, for the period of March 1, 2007 through June 30, 2012 (5.5 years).
* Contract summary, Project phases

**3.2 PHP-CHSS - TB Control** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, in the amount of $4,949,683, which includes a 12% contingency, to provide operational services of the Francis J. Curry Regional Training and Medical Consultation Center, targeting health care providers, allied health professionals, social service providers, TB and other related training providers, funders interested in TB, and related health concerns throughout the United States, for the period of January 1, 2007 through December 31, 2009 (3.0 years).
* Contract summary, Monitoring report summary, Client demographic information form

**3.3 DPH-Central Admin** – Update on contracting issues.
*Update memo

**3.4 DPH-Central Admin** – Request for approval of Sole Source designation for Health, Behavioral Health and Support Services provided by non-profit contractors.
* Request memo, List of Providers

Items for Approval

**3.5 BHS-Community Programs** – Request for approval of a resolution authorizing the Department of Public Health to retroactively accept a gift of Buprenorphine medication from Reckitt Benckiser Pharmaceuticals, with an estimated monetary value of up to $300,000, to expand Opiate Replacement Therapy services in San Francisco, for the period of January 1, 2007 through December 31, 2009.
* Request memo, Resolution

**3.6 BHS** – Request for approval of a retroactive contract renewal with Continuum HIV Day Services dba Tenderloin Health, in the amount of $164,640, which includes a 12% contingency, to provide adult mental health services targeting HIV positive adults of San Francisco, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
* Contract summary, Monitoring report summary, Plan of Correction, Client demographic information form

**3.7 BHS** – Request for approval of a retroactive contract renewal with the Regents of the University of California Center on Deafness, in the amount of $509,593, to provide mental health and substance abuse outpatient services, for the period of July 1, 2006 through June 30, 2007 (1 year).
* Contract summary, Monitoring report summaries, Plan of Correction, Client demographic information form

**3.8 BHS** – Request for site approval of Haight Ashbury Free Clinic new "13th Street Drop In Center" Program to be located at 211 13th Street, San Francisco, California 94103.
* Request memo

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **AWARDING CERTIFICATES OF APPRECIATION**

6) **FOR DISCUSSION:** **HEALTH AT HOME UPDATE**
(Kathy Eng, Director, Health At Home)
**Update*

7) **FOR DISCUSSION:** **FY 07-08 BUDGET REPORT**
(Gregg Sass, Chief Financial Officer)
**Report*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

## Accessible Meeting Policy

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

## Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

## San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

## Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, February 13, 2007**
**At**
**3:00 p.m.**
**1001 Potrero Avenue**
**Carr Auditorium**
**San Francisco, CA 94102**

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## 1) CALL TO ORDER

President Lee Ann Monfredini called the meeting to order at 3:22 p.m.

| | |
|---|---|
| Present: | Lee Ann Monfredini, President |
| | David J. Sanchez, Jr., Ph.D., Vice President |
| | Edward A. Chow, M.D. |
| | Catherine Dodd, R.N., Ph.D.c |
| | Roma P. Guy, M.S.W. |
| | James M. Illig |
| | Markus Watson, D.D.S |

Commissioner Monfredini introduced and welcomed two new Health Commissioners, Catherine Dodd, RN, PhDc and Markus Watson, DDS. She requested that the new Commissioners introduce themselves to the public.

Commissioner Dodd stated that it is wonderful to be here, particularly working with Dr. Chow, in that she was an aide to Supervisor Walker when they wrote the bill that created the Commission. She added that she has a fair amount of understanding of the City and County as she worked at SFGH as a UCSF employee directing the Women's Health Center. She also worked for Supervisor Shelley, wrote the lead paint law, worked at Kaiser as the Community Benefits Director, and was appointed to President Clinton's administration when they took up the LHH lawsuit. She comes directly from being the Chief of Staff to now Speaker Nancy Pelosi and is a full time graduate student at UCSF in the Sociology Doctoral program.

Commissioner Watson stated that he appreciated the opportunity to serve on the Health Commission. He stated that he was a Dentist as well as serving as the Health Director of a neighborhood health center.

Commissioner Monfredini also announced the following Joint Commission Committee (JCC) assignments:

Laguna Honda Hospital JCC:
  Commissioner Chow, Chair
  Commissioner Sanchez
San Francisco General Hospital JCC:
  Commissioner Monfredini, Chair
  Commissioner Chow
Community Health Network JCC:
  Commissioner Illig, Chair
  Commissioner Dodd
Population Health and Prevention JCC:
  Commissioner Guy, Chair
  Commissioner Watson
Budget Committee:
  Commissioner Sanchez, Chair
  Commissioner Chow
  Commissioner Watson
San Francisco Health Authority:
  Commissioner Dodd
San Francisco General Hospital Foundation:
  Commissioner Sanchez
IHHS Board of Directors:
  Commissioner Illig

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 30, 2007

Action Taken: The minutes were approved without change.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Watson attended the Budget Committee meeting.

Items for Discussion and Approval

**3.1 CHN-Facilities** – Request for approval of a new perpetual software license agreement and five year software maintenance agreement with McKesson Information Solutions, LLC, in the amount of $1,953,161, which includes a 12% contingency, to provide for an upgrade from the existing MATKON inventory control system to the McKesson Pathways Material Management system, for the period of March 1, 2007 through June 30, 2012 (5.5 years).
* Contract summary, Project phases

Commissioner Comment:

- Commissioner Chow asked if this was a replacement of the MATKON product. Kathy Jeung stated that this was and that the MATKON product was outdated. She added that SFGH is one of the only facilities in the nation still using it.
- Commissioner Chow asked if Ms. Jeung has identified funding for the next fiscal year to pay for the contract. Ms. Jeung stated that they had. She added that McKesson provided a significant discount with this contract; equal to almost $800,000, and that the maintenance cost was built into their operational budget.
- Commissioner Sanchez stated that we need to look at the technological infrastructure of our facilities and evaluate if these systems truly contribute to the value of patient care. He added that if so, he would like to see the data that supports this.
- Commissioner Dodd asked if the City could go in the direction of allowing non-profit partners to contract with us for pharmaceuticals so that they would have some negotiation powers. She also asked when the 90 day clock starts clicking. Dr. Katz stated that he would follow up with Sharon Kotabe to get an answer to that question. Gene O'Connell stated she would also follow up.

**3.2 PHP-CHSS - TB Control** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, in the amount of $4,949,683, which includes a 12% contingency, to provide operational services of the Francis J. Curry Regional Training and Medical Consultation Center, targeting health care providers, allied health professionals, social service providers, TB and other related training providers, funders interested in TB, and related health concerns throughout the United States, for the period of January 1, 2007 through December 31, 2009 (3.0 years).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment:

- Commissioner Chow asked if the CDC was funding this on an annual basis. Dr. Masae Kawamura stated that they are funding this every 5 years. Commissioner Chow asked to confirm that funding was locked in for the next 5 years. Dr. Kawamura confirmed that it was.
- Commissioner Sanchez stated that he knew Dr. Frances Curry and that this is a flagship program and that he looks forward to continuing to see the work that comes out of this center.
- Commissioner Illig asked why the funds are being administered by SFDPH and not UCSF. Dr. Katz stated that the contract presented today only showed what part of the funds were going to UCSF and did not reflect what part of the funds SFDPH was to keep. He added that traditionally NIH funded University's and CDC funded localities.

**3.3 DPH-Central Admin** – Update on contracting issues.
*Update memo

Public Comment

-Judith Stevenson, Chair of Contract Reform Committee, Human Services Network, came to comment on the process. She stated that the Human Services Network and the Department agree on most of the problems, and how significantly they impact contractors. She added that DPH has shown good will and intent to fix them. As always, the proof is in the pudding, and that there are many items that are still in progress and these will not be demonstrated until the next contract cycle. She also stated that coming to the Commission in March, June and September will be helpful and that she is looking forward to positive results.

-Debbie Lerman stated that she would like to echo Judith's encouraging words and that they appreciate the hard work that DPH has been going through for the last few months. She stated that they have requested that Supervisor Maxwell (original author of the legislation) go ahead and schedule a BOS hearing. Ms. Lerman added that in terms of the survey, there are issues that will come out of that, and that she hopes these issues are followed up on. She added that they would continue to work on the Citywide Contracting Taskforce Review Appellate Panel. She also wanted to encourage the training of Managers and Directors.

Commissioner Comment

- Commissioner Sanchez stated that this process gave an opportunity for everyone to hear where everyone else is coming from. He added that hearing that everyone agrees on the problems is a big accomplishment and that this came out of collaboration. He stated this is an excellent step and he thanked everyone for working on this.
- Commissioner Chow thanked Anne Okubo for the report and stated that the schedule will help keep everyone on target. He also thanked Commissioners Monfredini and Sanchez for their work on this. Commissioner Chow added that he and Commissioner Guy met with the Cultural Competency workgroup to help identify what contractors need to do to identify those issues that are most important.
- Commissioner Dodd asked when we could expect the results of the contract survey. Anne Okubo stated that she would come back to the Commission with the results of the qualitative report in one month. Commissioner Guy added that she felt the whole commission should be apprised of the results. Commissioner Sanchez and Chow stated that this is scheduled to be reported to the whole Commission through the Budget Committee in March and that this is in keeping with the request from Commissioner Dodd.

**3.4 DPH-Central Admin** – Request for approval of Sole Source designation for Health, Behavioral Health and Support Services provided by non-profit contractors.
* Request memo, List of Providers

Commissioner Comment:

- Commissioner Chow asked how often we put contracts out for bid. He stated that he understands the use of multi-year contracts for good performance and better administration. Anne Okubo stated that it is required by the ordinance to re-bid every 10 years, and that DPH re-bids more often than the charter requirement.
- Commissioner Chow stated that this was an extensive list. He asked if there were other providers than on the list. Ms. Okubo stated that there was, and that essentially most contractors fell into this category. Commissioner Chow asked what happened to new contractors. Ms. Okubo stated that they would bring these new contracts for sole source designation once a year. She added that she would add this to the memo.
- Commissioner Watson asked if the amounts could be listed. Ms. Okubo stated that the amounts change, and that the list is specific to the service not the amount.
- Commissioner Sanchez asked to confirm that this would come to the Commission once a year pertaining to the identification of what would be sole source. Gregg Sass responded that if one were to continue to renew a contract, such as a public works contract, over a long period of time without competitive bidding, it would not be a good policy. In our situation, contractors are more limited and have specific capabilities and we do not get an outpouring of interest in these bids. Mr. Sass added that as we bring these contracts to the Commission each time, the public hearing gives the opportunity to any provider who feels they have been disadvantaged in the bidding process.

- Commissioner Chow stated that the list should show what the contract is for and a title would be helpful. Anne Okubo stated that they could do this, but the list would get really long, and that they would be repeating the contractors over and over.
- Commissioner Illig stated that he understands why we are doing this, but that he is uncomfortable with these contracts not coming back before the Commission before FY 09/10. Secondly, the list of sole source designation seems to list all of the contractors and that it looks bad. He suggested that if there is no immediate need to pass the contracts this week, that Ms. Okubo come back next week with another presentation containing more information. Ms. Okubo responded that she could do that, and that if this didn't pass they would have to RFP every year.
- Commission Monfredini responded that she agreed with Commissioner Illig.
- Commissioner Illig also requested that he receive a list of RFP schedules.
- Commission Guy requested a description of our current process.
- Commissioner Illig stated that what he would like to see is a break out of what services contractors provide, showing how they provide services across the divisions.
- Commissioner Chow stated that as we create the framework to get to the goal of multi-year contracts, in building that document it becomes policy. He stated that while this would happen on an annual basis, we need to work out how to tie it to the services we are really talking about and not just broadly saying "Behavioral Services". He added that we may know what services are exempted, but it is not clear to anyone else. In addition, he requested to see what the normal course per division for asking for re-bid. Commissioner Dodd associated herself with Commissioner Chow's remarks.
- Commissioner Watson asked if he could see a list of all contractors. Commissioner Monfredini asked Anne Okubo to get these lists to Commissioner Watson and Dodd.

**3.7 BHS** – Request for approval of a retroactive contract renewal with the Regents of the University of California Center on Deafness, in the amount of $509,593, to provide mental health and substance abuse outpatient services, for the period of July 1, 2006 through June 30, 2007 (1 year).
* Contract summary, Monitoring report summaries, Plan of Correction, Client demographic information form

Commissioner Comment:

- Commissioner Chow asked what portion of the clients the 10 clients represent. Edwin Batongbacal stated that this was a very small part of the contract and that the overall contract was for mental health. Nancy Mosher stated that the 10 clients were for classroom services. Commissioner Chow asked to confirm that there were several programs included in this program. Ms. Mosher confirmed that there were.
- Commissioner Chow asked to confirm that there were two different programs. Ms. Mosher confirmed that there was. Commissioner Chow also asked how many clients were served in substance abuse programs. Mr. Batongbacal stated that there were 21 clients served for about $3000 per client. He added that for deaf and hard of hearing clients the group model did not work.

**3.8 BHS** – Request for site approval of Haight Ashbury Free Clinic new "13th Street Drop In Center" Program to be located at 211 13th Street, San Francisco, California 94103.
* Request memo

Commissioner Comment:

- Commissioner Chow asked if this was replacing the McMillan drop-in center. Barbara Garcia stated that it is and that Supervisor Daly asked DPH to reconsider closing the center and look to move it instead. Ms. Garcia stated that they have done this as they had to use the old site for medical respite.
- Commissioner Chow and Commissioner Sanchez asked why they did not receive minutes. Mr. Ellsberg stated that he can get the minutes and that three people came to the meeting and they did not have a problem with the move.
- Commissioner Sanchez stated that there are several services by the old site. Mr. Eckstrom stated that the new site is near the Tenderloin and close to those clients who would utilize the services.
- Commissioner Chow stated that in usual process, the Commission would receive the public notices and minutes of the community meeting. He stated that this is the preferred way to handle a site move.
- Commissioner Illig stated that he would like to ask HAFCI to bring to the Commission a notice of the community meeting, minutes from the meeting and a map showing were the center is moving from and where they are moving to.
- Commissioner Monfredini stated that HAFCI has been doing business with DPH for a long time and asked that they not repeat this omission of material again.

Items for Approval

**3.5 BHS-Community Programs** – Request for approval of a resolution authorizing the Department of Public Health to retroactively accept a gift of Buprenorphine medication from Reckitt Benckiser Pharmaceuticals, with an estimated monetary value of up to $300,000, to expand Opiate Replacement Therapy services in San Francisco, for the period of January 1, 2007 through December 31, 2009.
* Request memo, Resolution

**3.6 BHS** – Request for approval of a retroactive contract renewal with Continuum HIV Day Services dba Tenderloin Health, in the amount of $164,640, which includes a 12% contingency, to provide adult mental health services targeting HIV positive adults of San Francisco, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
* Contract summary, Monitoring report summary, Plan of Correction, Client demographic information form

Action Taken: The Commission passed the consent calendar with the exception of item 3.4 which was held over to 2/20/2007.

## 4) DIRECTOR'S REPORT

Mitch Katz, MD, Director of Health presented the Director's Report.

Welcome New Health Commissioners
Dr. Katz introduced Catherine Dodd, R.N., PHDc and Markus Watson, D.D.S., the two newest members of San Francisco's Health Commission. It has been a while since we had either a dentist or a nurse on the Commission. Both Ms. Dodd and Dr. Watson bring rich professional backgrounds and unique perspectives to the Commission. On behalf of the entire Department of Public Health, Dr. Katz extended his warmest welcome to Catherine and Markus.

Tobacco Free
POWER, a funded project of the Health Promotion and Prevention Unit, Tobacco Free Project, is spearheading a campaign calling on Congress to adopt picture-based health warning labels on cigarette packages in the United States. The project held a press conference today at City Hall and showcased Supervisor Daly's resolution before the Board of Supervisors to support graphic health warning labels on cigarettes. The event is titled, "Picture Based Warning Labels: Worth More than a Thousand Words".

Pedestrian Safety
A new public awareness campaign to address the dangers to pedestrians, especially seniors, the disabled and children, resulting from riding bicycles on the sidewalk is starting. A coalition effort led by Senior Action Network, with the Bicycle Coalition, Municipal Transportation Authority/Department of Parking and Traffic, and the Health Department's Community Education Section, the campaign is trying to remind bicycle riders that they are legally required to walk their bikes when on the sidewalk. A number of pedestrians have been very seriously injured in collisions, and many frail seniors are too frightened to walk. Riding on the sidewalk can also be very dangerous for bicyclists, because the sudden transition from sidewalk to street frequently results in riders being hit by motor vehicles. The initial plan is to put up placards in shop windows along popular routes. The signs say "Walk your bike on the sidewalk," cite the municipal code and show multiple users sharing the sidewalk.

Child Passenger Safety
The Department is beginning the second year of a citywide campaign to reduce child passenger injuries and fatalities among low-income and minority communities by raising the community's knowledge of child safety standards. The need for an awareness campaign is based on disturbing data from the trauma registry at SFGH, revealing that 100 % of children who suffered severe injuries from car crashes in 2004 were from minority communities. The main risk problems appear to be from children sitting in the front seat of cars and seatbelt use without car seats. The 2006 campaign will include billboards and targeted TV commercials, along with workshops, demonstrations and free car seat distribution and installation.

Coinciding with National Child Passenger Safety Awareness week, DPH's Child Passenger Safety Program and the CA Highway (CHP) Patrol are providing free car seat inspections on Thursday, Feb 15th from 11:30 -3:30 in the CHP parking lot at 455 8th St.

New Lead Brochure Distributed to Landlords
The Childhood Lead Prevention Program has published the illustrated 16-page *Lead Paint Hazards on Your Property: Quick Guide,* which will be mailed to 55,000 San Francisco rental property owners this week, February 14th-16th. The brochure will help property owners to identify lead paint hazards on their property; avoid complaints and lawsuits from tenants; get updated on lead laws; and learn about free and low-cost help available to reduce lead paint hazards. Many community and City agency stakeholders participated in pamphlet development. Environmental Health-Children's Environmental Health Promotion website will post the pamphlet so that the public can easily link to the many resources provided. Funding for the project was awarded by the State Department of Health Services to promote lead code enforcement. Karen Cohn and Joe Walseth, 554-8893, are the contacts for further information. (A copy is attached to the Director's Report.)

### New Community Mental Health Educational Opportunity with CIIS

The California Institute of Integral Studies (CIIS), a university with a School of Graduate Psychology located at 10th and Mission, is in collaboration with the Department of Public Health to offer a new Masters in Counseling Psychology with a Community Mental Health focus beginning next Fall. CIIS President, Joseph Subbiondo, was a member of the Proposition 63 Task Force and was inspired to ensure that CIIS met the ongoing workforce needs of our mental health system of care as well as the needs of consumers. The CIIS staff has been working with DPH and local providers to identify both a curriculum focus and the needs of students. The goal of the new degree program is to increase the number of licensed mental health professionals who have a commitment to the public sector.

### Appointment to Shelter Monitoring Committee

Henry Belton, a peer counselor to psychiatric patients at SFGH and a Project Homeless Connect volunteer and former client, was appointed by Mayor Gavin Newsom to San Francisco's Shelter Monitoring Committee last month. Mr. Belton has a strong rapport with the people that he serves because he has a deep understanding of their issues. Mr. Belton has experienced years of homelessness, alcoholism and drug addiction on the streets of San Francisco, yet through all of his challenges has progressed into a position of inspiration and advocacy for disadvantaged seniors and psychiatric patients in his community. A heartfelt thank you to Mr. Belton for the services he provides and congratulations on his appointment to the Shelter Monitoring Committee.

### Gordon Lui, SFGH Pharmacist

Gordon Lui, staff pharmacist at San Francisco General Hospital, passed away suddenly and unexpectedly on January 30, 2007. He was 56 years old. Gordon joined the SFGH pharmacy staff in 1984 and functioned extraordinarily well in many roles including pharmacist-in-charge of the now closed outpatient satellite pharmacy. More recently, Gordon was the inpatient pharmacy IV additive service pharmacist where his responsibilities included the training and mentoring of newly hired pharmacy technicians and many young pharmacists. His co-workers and many friends at SFGH will miss Gordon deeply and send heartfelt condolences to his family.

## COMMUNITY HEALTH NETWORK
## SAN FRANCISCO GENERAL HOSPITAL
## FEBRUARY 2007
### Health Commission - Director of Health Report
(From 02/12/07 MEC)

| | 02/07 | 07/06 to 02/07 |
|---|---|---|
| **New Appointments** | 10 | 145 |
| Reinstatements | 0 | 0 |
| **Reappointments** | 48 | 301 |
| Delinquencies: | 0 | 0 |
| Reappointment Denials: | 0 | 0 |
| **Resigned/Retired:** | 13 | 86 |
| Disciplinary Actions | 0 | 0 |
| Restriction/Limitation-Privileges | 0 | 0 |

| | | |
|---|---|---|
| **Deceased** | 0 | 1 |
| **Changes in Privileges** | | |
| Additions | 2 | 38 |
| Voluntary Relinquishments | 5 | 25 |
| Proctorship Completed | 17 | 64 |
| Proctorship Extension | 0 | 1 |

| **Current Statistics – as of 02/1/07** | |
|---|---|
| Active Staff | 500 |
| Courtesy Staff | 578 |
| Affiliate Professionals (non-physicians) | 209 |
| **TOTAL MEMBERS** | **1,287** |

| | | |
|---|---|---|
| **Applications In Process** | **22** | |
| **Applications Withdrawn Month of February 2007** | **0** | **6 (07/06 to 02/07)** |
| **SFGH Reappointments in Process Mar 2007 to June 2007** | **158** | |

Commissioner's Comments

- Commissioner Guy stated that she wanted to congratulate CIIS for being able to work quickly on this. The President of CIIS stated that he hoped very much that city employees would take advantage of the new program.
- Commissioner Dodd asked if we would also be sending this to commercial property owners. Dr. Katz stated that he would check and let the Commission know.
- Commissioner Chow asked when the last time we saw the LHH appointment list. Dr. Katz stated that he would check and let the Commission know.
- Commissioner Chow asked if the lead pamphlet would be provided in Chinese and Spanish. Dr. Katz replied that these are usually the languages provided, but that he would confirm this.
- Commissioner Chow asked for a computer virus update. Dr. Katz stated that DPH has worked on prioritizing what areas need to be addressed first, such as LHH Admitting. He added that he would follow up with MIS regarding a timeline.

## 5) AWARDING OF CERTIFICATES OF APPRECIATION

Commissioner Monfredini presented certificates of appreciation with the following narrative:

Today we are honoring staff from both San Francisco General Hospital and the Tom Waddell Health Center for their outstanding care of Abdalla Megahed and their service to the San Francisco Community. Mr. Megahed approached the Department of Public Health with the request that we honor the following people for their contributions to both his personal health and that of others who have received the excellent care provided in our network:

Dr. John McGregor, Cardiologist, SFGH
Dr. Nora Goldschlager, Cardiologist, SFGH
James Eskridge, NP, Tom Waddell Health Center
Mary Mays, NP, Tom Waddell Health Center
Jacquelyn Foos, SFGH

Mr. Megahed has communicated his appreciation to the Commission for having such a caring place to turn to for medical care, despite his status as an immigrant. He has also told us of his desire to build a bridge of learning and tolerance between his home country, Egypt, and his caretakers at the San Francisco Department of Public Health. On behalf of the San Francisco Health Commission, and Mr. Megahed, we thank you for the work that you do and all you contribute to the health and well-being of all San Franciscans.

Public Comment:
-Mr. Abdalla Megahed thanked the Health Commission for making his wish of recognizing the staffs at SFGH and Tom Waddell Health Center come true. He thanked Dr. Katz for providing a place for him to receive care and Anne Kronenberg for her help as well. He also stated that he would like to have those caretakers join him for a trip to Egypt to see his home country.

## 6) HEALTH AT HOME UPDATE

Kathy Eng, Director of Health at Home, presented the Health at Home update.

**Agency Overview**
*GOALS IN 2005-2006*

- To strive toward increased efficiency of services through technology improvements
- To meet all compliance and regulatory standards of DHS and CMS
- To improve agency operations and meet budget objectives
- To increase access and enhance services to the chronically ill client population through the development of Targeted Case Management (TCM) and the Chronic Care PHN Program

*ACCOMPLISHMENTS*
**Technology Improvements**

- Beginning July 2005, Health at Home implemented its home care clinical point of care system, Encore (previously known as Novius).
- Forty field staff, managers, and team leaders were trained by Siemens/Delta to use a new clinical documentation system, utilizing laptop computers.
- Policies and procedures were put in place to handle changes in operations and changes that would impact future regulatory surveys and audits.
- Equipment replacement plan is focused on reducing the weight of notebooks in year 2, thereby addressing real and potential ergonomic injuries.
- During the most recent Home Health Agency Licensing Survey in August 2006, the new clinical system aided the agency in passing the survey. Data was easily retrievable and records and standardization of the location of information supported HAH in the documentation review phase of the survey.
- By year's end, June 30, 2006, the projected decrease in visit productivity of 10% returned to the former year' level.

**Meeting Regulatory Standards**

- Health at Home successfully passed its unannounced three and a-half-day survey from the Department of Health Services, State Licensing Division, on August 21-24, 2006. No "condition-level" citations were found. A plan of correction was submitted for four deficiencies cited during the medical records review, and accepted by the Licensing Office at the end of September 2006.
- OASIS (mandated home health data reporting) continues to be submitted to DHS on a timely basis.
- Patient Satisfaction Surveys are implemented at discharge and data is analyzed and followed up for CQI.

**Improve Operations and Meet Budget Objectives**

- In spite of increasing volume of Medi-Cal home health clients (resulting in decreased per visit reimbursement overall), HAH continues to provide cost-efficient services to Medicare clients, exceeding the budgeted revenue for these clients
- Despite a reduction in clients eligible for CARE Contract funding, HAH continues to successfully complete all process and outcome objectives of the CARE Contract.
- By standardizing documentation and improving billing procedures, HAH expects to increase billing revenue of TCM services.

**Increase Access to Services by Chronically Ill Clients**

- Developed Chronic Care PHN services
    1. Relocation and centralization of PHN staff and referral process at 635 Potrero Ave
    2. Centralization of Medical Records
    3. Standardization of Forms and charting to meet State regulations
    4. Centralized data collection, supported by new procedures and new software
    5. Improved billing practices
- Expanded targeted case management services provided by medical social-workers

**Services**

**Home Health Agency**

- Skilled Nursing
- Rehabilitation Therapy (Physical, Occupational, Speech Therapy)
- Medical Social Services
- Home Health Aide Services
- Enterostomal Nursing Care
- Palliative Care
- HIV Care

**Continuing Care/Aftercare:**

- MSW Individualized service plans
- Provide targeted case management on identified emotional/social problems needing intervention
- Link clients to community services and resources
- Coordinate services with community agencies to address clients' emotional and social needs
- Assist clients in applying for entitlement programs (Medi-Cal, GA, SSI, nutrition programs)
- Bereavement services

**Chronic Care PHN Program:**

- Conduct comprehensive written nursing assessment and plan
- Provide targeted case management arising from original nursing assessment and on-going periodic review
- Assess health care utilization and relationship to primary care provider and health care specialists
- Link clients to community services and resources
- Provide periodic home visits to evaluate client progress
- Provide education on medical conditions, risk factor counseling, and medication management

| | Home Health | PHN |
|---|---|---|
| **Unduplicated Clients (UDC)** | 744 | 601 |
| **Total Visits** | 19,426 | 3,390 |
| **Average Monthly Admissions** | 64 | 36 |
| **Average LOS** | 67 days | 258 days |
| **Average Visits per Client** | 26.1 | 5.6 |
| **Discharges** | 609 | 359 |
| **Visits by Discipline** | RN: 54%<br>PT: 17%<br>HHA: 13%<br>OT/ST: 9%<br>MSW: 6% | PHN: 100% |
| **Visits by Payer Source** | Medi-Cal: 40%<br>MediCare: 33%<br>Uninsured: 14%<br>CARE Contract: 9%<br>Managed Care: 4% | TCM: 55%<br>Other: 45% |
| **Clinical Staffing (FTE)** | 18.0 RNs<br>5.8 PTs<br>5.0 HHAs<br>2.6 OTs<br>3.4 MSW | 12.0 PHNs |

**Due to three consecutive years of receiving Commendable / Exceeds Standards program ratings, Health at Home did not receive a site monitoring visit from HIV Health Services in FY05-06. The following findings, commendations, and recommendations are based on the Year End Report provided to HIV Health Services:**

Findings and Commendations:

- The contractor is commended for successfully completing all process and outcome objectives.
- The contractor is commended for maintaining a thorough QA program.
- Having achieved and in some instances exceeded the projections for units of service delivered and unduplicated clients served.
- Developing and administering a simple and easy to follow survey tool and for providing a well written summary and analysis of the survey results. The contractor is also commended for the high level of service satisfaction expressed by clients.

Recommendations:

- None

**A home health licensing recertification survey was conducted on Health at Home from August 21-24, 2006. The nurse surveyor from DHS made an unannounced visit to the agency to determine compliance with the State licensing regulations (Title 22) and Federal requirements (Medicare Conditions of Participation for Home Health Agencies). No condition-level issues were cited, and joint visits made by the surveyor with staff during home visits yielded positive comments.**

All staff evaluations, competencies and licenses were current. All requested policies and procedures were in order. A review of a sample of fifteen medical records resulted in findings of deficiencies with four standards: 1) Visits did not match orders issued by a physician in 2 cases, 2) No evidence of a home safety plan was documented by the home health nurse in one case, 3) An RN supervisory visit every fourteen days to ensure the quality of home health aide visits was missing in one case, and 4) An initial assessment visit was not done by the nurse within 48 hours of referral in the final case.

The plan of correction was submitted in a timely manner and was accepted and approved by the surveyor within 24 hours of its receipt. Some citations were corrected immediately and others were handled in a short time frame. Education, training, and monitoring activities have been implemented.

The successful outcome of the survey is the result of compliance monitoring measures, quality management activities, and on-going diligence on the part of HAH staff and managers in practicing survey readiness. The electronic point of care system, Encore, proved to be an asset in supporting easy access to documentation, also contributing to the success.

Commissioner Comment:

- Commissioner Illig stated that he was heartened by the satisfaction report and that it should be played up more. He stated that next time he would like to see how HAH is coordinating with the Community Living Fund, IHHS and the Long Term Care Council and how HAH is integrating its services.
- Commissioner Chow asked why a diagnosis of HIV does not show up on the top 10 list. Staff responded that the State does not allow reporting HIV as a primary diagnosis. Kathy Eng added that 25% of the clients have a HIV diagnosis.
- Commissioner Chow asked why the levels of clients in Chinatown/NorthBeach were so low. Ms. Eng stated that one could assume that these clients are using other community resources. Commissioner Chow asked that Ms. Eng follow up on with the utilization of the Chinatown Public Health Center and other Chinatown/NorthBeach primary care providers.
- Commissioner Guy stated that before next year, the CHN JCC should follow up with the HAH issues regarding staffing and space issues. She encouraged Ms. Eng to get this topic on the JCC agenda.
- Commissioner Guy asked how the HAP would affect HAH. Ms. Eng stated that they hoped to see an increase in reimbursement.
- Commissioner Dodd congratulated Ms. Eng on the Patient Satisfactions Survey. She stated that the Board of Supervisors should hear about the Patient Satisfaction Survey and how HAH serves the neighborhoods.
- Commissioner Dodd asked if there were any PT schools in the area to provide a preceptor program. Ms. Eng replied that they have looked at this in the past and that they are considering moving towards this as an option.
- Commissioner Dodd stated that there were several Case Management items in the budget, and that she would like to hear about the consolidation of case management processes. Ms. Eng responded that under Anne Kronenberg and the Office of Policy and Planning, Alicia Neumann has been working on integrating the various case management processes.

## 7) FY 07-08 BUDGET REPORT

Gregg Sass, CFO, presented the fiscal year 07-08 budget report. See Attachment 1.

Public Comment

- Debbie Lerman here to express thanks for incorporating the cost of doing business into the inflationary amount. She stated that this is a great step forward in working with DPH. Ms. Lerman added that last year the real increase of the cost of doing business was around 6% or 7% and that the Human Services Network will be using the advocacy route to try to reach this level of compensation this year. She added that she was glad to see the term "cost of doing business" as opposed to "COLA". She also thanked Commissioner Illig for his comments regarding fairness.

Commissioner Comment

- Commissioner Dodd stated that she assumed the CMS audit stated that we had too many medical errors, not that we needed another pharmacist. Gene O'Connell stated that this was a complex case and that it was both too many medical errors and the need for the increase of medication reconciliation.
- Commissioner Dodd asked if LHH and SFGH are automated with their medication processes. Gene O'Connell said they are not and that they need more pharmacists to make this happen. Commissioner Dodd added that the US Pharmaceutical Association has guidelines for both pharmacist staffing and recommended technologies.

Although the County will undoubtedly be looking at new fees or increasing existing fees, it is important to remember that tax increases require approval of the voters. The next election on which a County revenue measure could be placed would be November 2008.

**Mayor's Instructions**

The Mayor's instructions to departments are as follows:

- Submit budgets that reduce their General Fund subsidy by 3%. For DPH, the projected cost of this reduction is $9.66M. The instructions further require that we meet this target with ongoing expenditure reductions or revenue increases (e.g., local fee increases) and not rely on one-time sources.

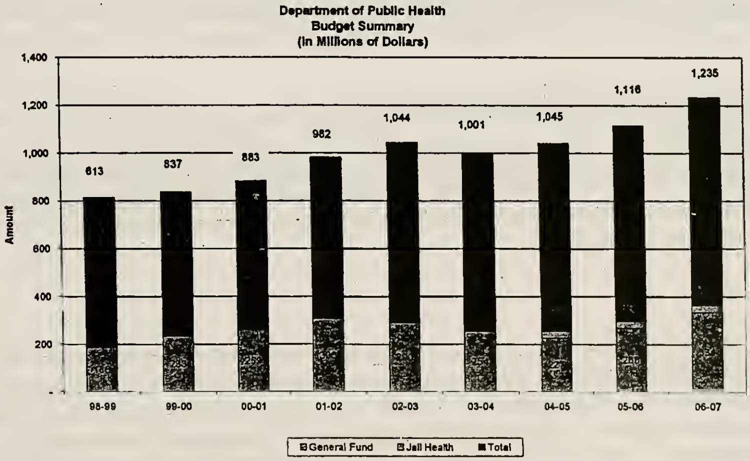
  The 3% reductions by all General Fund departments only solve one quarter of the projected shortfall. The amount is approximately equal to half of the cost of wage increase at General Fund departments. The Mayor's Office advises that additional reductions may be required.

- Submit requests for one-time efficiency grants either on our own or with other clusters of General Fund departments. Only proposals that generate revenues or reduce ongoing expenditures qualify. Examples of one-time uses include but are not limited to capital improvements, systems upgrades, and capacity-building efforts.

- Consider cost pressures affection nonprofit contractors.

**Health Department General Fund**

The chart below summarizes changes in total expenditures and General Fund.



From FY 2002 to FY 2005 the General Fund budget decreased on a year over year basis. The FY 2005-06 budget reversed this decline and the trend continued into FY 2006-07. The FY 2006-07 General Fund is $334.1M, which is an increase of $65.7M from FY 2005-06. When the Jail Health workorder is taken into account, the growth in the General Fund appropriations is $67.1M from $296.1M in FY 2005-06 to $363.2M in FY 2006-07.

**How we balanced the current year budget**

The increase to the Department's General Fund was primarily related to structural, inflationary, and regulatory issues, including MOUs and COLAs that added over $41.6M in expenses. This was almost entirely offset by revenue increases which enabled us to avoid reductions. As a result, we have been able to preserve our full range of services through a difficult period of time for the City and the Health Department.

The following table summarizes the components of the $65.7M increase to the Department's General Fund for the 2006-07 fiscal year:

| | General Fund |
|---|---|
| Regulatory | $ 2,110,109 |
| Inflationary | 16,253,851 |
| Structural | 13,157,732 |
| Revenue Neutral | (520,775) |
| Administrative Reductions | (572,008) |
| | 30,428,909 |
| Revenues | $ 36,428,167 |
| Net GF | (5,999,258) |
| New Funding | $ 71,699,258 |
| General Fund Increase | $ 65,700,000 |

**Financing the unavoidable costs of doing business**

Before we can begin to address the requirement to decrease our General Fund, we must first take into account unavoidable increases in the cost of doing business that result from inflationary and regulatory issues. These are discussed below and shown in greater detail on the attached spreadsheets.

**Regulatory**

The Healthcare industry is among the most heavily regulated sectors of the economy. Federal, and State agencies, and licensing agencies such as JCAHO increasingly require our institutions and other public health services to incur additional costs. These costs include increased levels of clinical staff, management oversight and increased cost of monitoring and reporting on compliance. For the 2007-08 fiscal year, we will be required to add pharmacy staffing at SFGH and LHH, clinical resources at SFGH, Environmental Services staff at LHH, and staffing for quality and compliance monitoring.

| | |
|---|---|
| Pharmacy Staffing to comply with surveys – SFGH | $1,245,957 |
| Telemetry nurse ratio changes – SFGH | 677,994 |
| Quality Management data requirements to maintain full Medicare payments – SFGH | 206,309 |
| Environmental Services staffing for regulatory compliance – LHH | 250,415 |
| Rehabilitation fall risk management – LHH | 159,440 |
| Nutrition chefs regulatory requirement – LHH | 125,948 |
| Nutrition dietitians regulatory requirement – LHH | 122,776 |
| Pharmacy staffing to comply with surveys - LHH | 189,582 |
| Total Regulatory Issues | $2,978,421 |

**Inflationary Increases/Unavoidable Increases in the cost of doing business**

For the 2007-08 fiscal year, we are anticipating increases in costs of pharmaceuticals and rents and leases. We also appreciate that our community partners and UC also incur increased costs due to inflation. We are working collaboratively with our community partners to fully assess the effects of inflation on their services. In the meantime, we have included a 2% contractor COLA as a placeholder pending a full assessment of that cost.

Wherever possible, we try to deal with inflationary increases by decreasing our level of utilization. Similarly, we will work with our community partners to determine the extent to which we must decrease utilization via our service contracts in order to cover the full cost of doing business.

| | |
|---|---|
| City Clinic rent increase - PHP | $44,340 |
| Annual rent increase for Housing Master Leases and annual subsidy increase for Mission Creek senior housing program – HUH | 111,646 |
| Pharmaceutical inflation – SFGH, LHH, Jail Health, CBHS - MH | 928,124 |
| Jail Health admin building rent increase – Jail Health | 19,584 |
| City Mental Health Clinics rent increase – CBHS – MH | 153,394 |
| Contractor's cost of doing business – Dept wide | 5,102,588 |
| UCSF Affiliation Agreement – non-faculty cost of doing business - SFGH | 2,399,049 |
| Total Inflationary | $8,758,725 |

**Revenue Neutral Programs**

One fortuitous aspect of our ability to generate revenue is that in a few cases we are able to create new services, which are funded entirely through revenues linked to the services. In this budget we propose to include the following initiatives.

| | Expenditure | Revenue | General Fund |
|---|---|---|---|
| Needlestick Hotline – SFGH | $37,500 | $37,500 | 0 |
| Finance and accounting staffing structural fix – SFGH, PC, Jail Health, Health at Home | 223,408 | 223,408 | 0 |
| Mammo Van and Avon Breast Center cancer education – SFGH | 187,863 | 201,358 | (13,495) |
| Family Health Center – Urology Vasectomy Collaboration - SFGH | 15,327 | $15,357 | (30) |
| Opiate Treatment Outpatient Program (OTOP) - SFGH | 49,285 | 49,285 | 0 |
| Women's Options structural fix - SFGH | 126,815 | 126,815 | 0 |
| Annualization of FY 2006-07 initiatives - SFGH | 351,233 | 871,545 | (520,312) |

Attachment I

# MESSAGE FROM THE DIRECTOR OF HEALTH ON FY 2007-08 BUDGET

## Introduction

In this first budget report to the Health Commission, we are presenting detail on several important components of the overall budget that we will submit to the Mayor's Office. These include the regulatory and inflationary issues that must be addressed as unavoidable costs of doing business, together with the increases to revenues that serve to offset these expenses. We are also including initial budget assumptions related to increases in costs of doing business that our community partners incur as we work with them to refine those assumptions. As the budget process continues, some of these items may change. We will provide updates as they are identified at subsequent Health Commission meetings.

We have been very successful securing grants to pay for services department wide however as grants expire we must decide whether or how we can fund the services. This presentation details those areas in which grant losses impact our services.

We are also providing a high level update on other components of our budget that are still under review. These include the structural items that are resulting in overspending in the current year and which must be addressed in next years budget, and new funding requests for new and expanded services. Details on these items will be provided in subsequent meetings of the Health Commission.

## Budget Process

The Integration Steering Committee consists of senior administrative and clinical leadership from the Department's delivery system. This leadership group has continued to function as the Executive Budget Planning Committee for the department. The Committee is guiding the budget development process and working collaboratively to identify and develop initiatives that work to the benefit of the entire Health Department and its clients.

The mission of the Integration Steering Committee is to

1. Place clients first,
2. Promote the good of the entire Department,
3. Maximize resources by aligning with the Department's mission and vision, and
4. Communicate effectively about the Department's role and function.

In addition to addressing strategies to balance the Department's budget, the Committee is focused on strategies to relieve overcrowding at SFGH by increasing placement options for patients in need of long-term care, and planning for HAP implementation scheduled for July 1.

**The Citywide Shortfall**

The Mayor's budget staff is projecting a $64M General Fund shortfall for FY 2007-08. This shortfall is less than the $80M shortfall we faced this time last year but successive deficit budgets have reduced the available options to identify additional spending reductions.

Although the local economy is showing recovery, the increase in City expenditures continues to outpace growth in General Fund revenues. In addition, employee costs for salary and benefits are projected to increase substantially in the coming year. Unlike the State and Federal government, the County is strictly forbidden by the State Constitution from borrowing money for operating expenses and therefore must take action to reduce spending or increase revenues to balance its budget.

The $64M Citywide shortfall is comprised of the following components.

| | | |
|---|---|---|
| Sources | | |
| Net Loss of One-Time Sources | | ($2M) |
| Revenue Growth | | 100M |
| | Available Sources | $98M |
| | | |
| Uses | | |
| Personnel – Annualized MOU costs | | ($39M) |
| Employee Benefit costs (Health, Dental, Pension and Other Benefits) | | (26M) |
| Mandated Spending Requirements | | (37M) |
| Other Operating Costs | | (60M) |
| | Expenditure Increase | ($162M) |
| | | |
| Total Projected Shortfall | | ($64M) |

The shortfall projection assumes that the City will hold the labor increases for contracts with employee labor groups that are open for negotiations next year, including nurses, to no more than 1.3%. To the extent that wage increases are provided, the cost of funding those increases would add to the projected shortfall. The Mayor's Office is also assuming no deposits into the Rainy Day reserve in FY 2006-07 or FY 2007-08. Other variables that may influence the size of the projected shortfall over the coming months include revenue collections, current over spending by City departments, and the impact of budget decisions at the state and federal levels. These projections will likely be updated after the issuance of the Joint report covering the first six months of the year.

The Health Department's General Fund subsidy represents approximately 20% of the City's discretionary General Fund budget. Twenty percent of the projected Citywide shortfall is $12.8M.

| | Expenditure | Revenue | General Fund |
|---|---|---|---|
| Restructure of Urgent Care Center physician staffing - SFGH | (5,020) | 0 | (5,020) |
| Increase budgeted census by 6 beds - SFGH | 2,327,132 | 2,327,132 | 0 |
| Pediatric Child Development Program - loss of grant funding to UC - SFGH | 225,780 | 225,780 | 0 |
| Jail Psychiatric Services annualization of FY 2006-07 salary increases – Jail Health | 336,047 | 336,047 | 0 |
| Temp Nurse salary and benefit structural fix – Jail Health | 300,036 | 300,036 | 0 |
| Communicable Disease Prevention Immunization Programs – Vaccine – PH | 50,000 | 50,000 | 0 |
| Annualization of the Medical Respite Program's operating costs – HUH | 171,871 | 171,871 | 0 |
| Annualization of FY 2006-07 Health at Home initiative – Health at Home | 5,773 | 42,690 | (36,917) |
| Medical High User Case Management program – Health at Home | 99,646 | 99,646 | 0 |
| Increase skilled home health nursing capacity- Health at Home | 258,634 | 258,634 | 0 |
| Annualization of FY 2006-07 Primary Care initiative – Primary Care | 0 | 299,333 | (299,333) |
| Adult Day Health enhanced service – LHH | 151,703 | 156,750 | (5,047) |
| Facility Infrastructure – LHH | (1,069) | 0 | (1,069) |
| Coordinated Case Management System Integration – CBHS | 135,400 | 135,400 | 0 |
| CBHS billing section enhancement – CBHS - MH | 60,337 | 60,337 | 0 |

|  | Expenditure | Revenue | General Fund |
|---|---|---|---|
| Mental Health Services Act (Prop 63) expansion - CBHS – MH | 2,292,795 | 2,292,795 | 0 |
| Annualization of SB163 FY 2006-07 supplemental – CBHS - MH | 1,425,000 | 1,425,000 | 0 |
| Replacement of SAMHSA Children's System of Care grant for the Multi-Systemic Therapy Team – CBHS – MH | 421,500 | 421,500 | 0 |
| Adult Immunization and Travel Clinic – PH | 347,974 | 357,974 | (10,000) |
| Total Revenue Neutral | $9,594,970 | $10,486,193 | ($891,223) |

**Expired Grants**

We have been very successful in getting many of our services funded through grants. As the grants expire, we must make difficult decisions to allocate scarce resources to backfill the losses. This year we are facing reductions in grant funding totaling $5.67M.

Following is a summary of the services associated with expired grants. Details are included in the accompanying documents.

|  |  |
|---|---|
| Disaster Response | $1,778,200 |
| Nurse internship program | 332,446 |
| AIDS Earmarks | 743,946 |
| Mental Health services | 190,611 |
| Housing Earmarks | 1,556,787 |
| Substance Abuse services | 457,799 |
| Primary Care | 174,050 |
| Other – Prevention & Children's services | 436,352 |
| Total Expired Grants | $5,670,191 |

## Structural Budget Issues

There are a number of issues that are resulting in overspending for the current year. The continued high patient volume at San Francisco General Hospital has resulted in increased costs of nurse staffing, and materials and supplies. Laguna Honda Hospital also is projected ~~to~~ overspend this year and it has become clear that the budget for nursing salaries, supplies and contract services are less than the projected costs of service. In addition, the high volume at SFGH has increased the need to find alternative placements for patients who cannot return to the community, and the costs of those placements continue to grow beyond our budgeted spending authority. We are currently looking at structural budget issues in the range of $20M. We are working hard to find ways to reduce these costs.

## Reductions in Spending

As discussed previously, we have been asked to provide a 3% reduction plan totaling $9.66M. We have not as yet identified reductions of this magnitude and are continuing to explore opportunities to reduce our reliance on General Fund. Many of the initiatives proposed in previous years have been rejected and restored by the Mayor and Board of Supervisors, such that it has become difficult to identify reduction initiatives that have not already been rejected.

## New Funding Requests

We are looking carefully at a few small new initiatives in the core areas of planning (not services), but because we cannot yet reach our 3% reduction target, it is unclear if we will be able to propose these increases in spending.

## Increased Revenues

Increased revenue provides funding to absorb regulatory and inflationary costs and contributes funding to offset other budget issues. This is consistent with our Strategic Planning initiative to adopt a financial strategy that enhances revenue and reduces expenditures to ensure that the overall public health system operates cost-effectively. We continue to explore opportunities to increase revenues and anticipate that we will identify additional opportunities through the budget process. Following are the initiatives identified at this time.

| | |
|---|---|
| Reduction of Children's State System of Care funding to reflect actuals – CBHS – MH | ($500,000) |
| SSI Advocacy – CBHS – MH | 500,000 |
| Pharmacy MediCal Revenue | 114,887 |
| Net Revenues for Medical Respite program – HUH | 773,489 |
| Baseline revenues – SFGH | 7,762,669 |
| Baseline revenues – LHH | 6,017,124 |
| Environmental Health baseline revenues – PH | 134,250 |
| McMillan Sobering Center revenue adjustment - PC | (392,000) |
| Healthy Worker Premium Increase | 1,620,000 |
| Healthy Worker Coverage for As Needed Workers | 1,762,000 |
| Total Revenues | $17,792,419 |

## Summary

At this stage of the process, we have identified the amount of funding supported by revenue growth and the offsetting cost of regulatory and inflationary costs that are unavoidable. The table below summarizes those items, and identifies the revenues that remain available to offset other budgetary concerns, which we also summarize below.

| | |
|---|---|
| Revenue Increases | $17,792,419 |
| Regulatory Increases | ($2,978,421) |
| Inflationary | (8,758,725) |
| Revenue Neutral | 891,223 |
| Subtotal | ($10,845,923) |
| Balance Remaining in Revenues | $6,946,496 |

Other Budget Issues

| | |
|---|---|
| Structural | ($20,000,000) |
| 3% General Fund Target | (9,656,953) |
| Expired grants | (5,670,191) |
| New Funding Initiatives | TBD |

**Next Steps**

We are working hard to bring the budget into balance. We will bring a full budget presentation to the Health Commission as soon as we can.

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

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Commissioner

**Catherine Dodd, R.N., Ph.Dc**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**Mitchell H. Katz, M.D.**
Director of Health

**Rebekah R. Varela**
Acting Executive Secretary

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## AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, February 20, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET**
**Room 300**
**San Francisco, CA 94102**

***The Budget Committee of the Commission will consider the consent calendar on this agenda at 1:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.***

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 13, 2007**
**Minutes of the meeting of February 13, 2007*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Discussion and Approval

**3.1 PHP-Housing & Urban Health** – Request for approval of a new contract with the Tenderloin Neighborhood Development Corporation, in the amount of $240,352, which includes a 12% contingency, to provide permanent supportive housing for severely mentally ill adults, for the period of March 1, 2007 through June 30, 2008 (16 months).
* Contract summary

**3.2 PHP-Housing & Urban Health** – Request for approval of a retroactive new contract with Dolores Street Community Services, in the amount of $428,400, which includes a 12% contingency, to provide community stabilization and single room occupancy (SRO) fire prevention in the Mission District for the period of January 1, 2007 through June 30 2008 (1.5 years).
* Contract summary

**3.3 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Project Open Hand, in the amount of $4,795,840, which includes a 12% contingency, to provide delivered Meal/Grocery Center services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

**3.4 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Walden House, in the amount of $4,327,612, which includes a 12% contingency, to provide comprehensive monitored residential detox and residential substance abuse services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Response letter, Follow-up letter, Client demographic information form

**3.5 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Tenderloin Health, in the amount of $3,064,135, which includes a 12% contingency, to provide Centers of Excellence services for Tenderloin residents who are living with HIV/AIDS and severe needs, or members of special populations, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Agency memo and response, Client demographic information form

**3.6 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with UCSF AIDS Health Project, in the amount of $1,277,410, which includes a 12% contingency, to provide outpatient mental health services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Contract evaluation form, Client demographic information form

**3.7 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with UCSF Positive Health Program, in the amount of $2,175,043, which includes a 12% contingency, to provide Women's Center of Excellence services to individuals who are affected by HIV/AIDS, for the period of April 1, 2007 through March 31, 2011 (3.5 years).
* Contract summary, Regents information page, Client demographic information form

**3.8 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Mission Neighborhood Health Center, in the amount of $1,960,000, which includes a 12% contingency, to provide Centers of Excellence services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

**3.9 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with UCSF CCHAMP Program, in the amount of $2,175,293, which includes a 12% contingency, to provide Centers of Excellence services to individuals who are affected by HIV/AIDS, for the period of April 1, 2007 through March 31, 2008 (1 year).
* Contract summary, Monitoring report summary, Regents information pageClient demographic information form

Items for Approval

**3.10 BHS** – Request approval for site relocation of Westside Community Services Clinics as follows:

| NAME OF PROGRAM | MOVING FROM | **RELOCATING TO** |
|---|---|---|
| Westside Crisis Clinic | 888 Turk St. | 245 11th St. |
| Westside Outpatient Clinic | 888 Turk St. | 245 11th St. |
| Westside Assertive Community Treatment Program | 868 Turk St. | 245 11th St. |
| Westside Alliance Program | 489 Clementina St. | 245 11th St. |
| Westside Aids Case Management | 489 Clementina St. | 245 11th St. |
| Westside Counseling, Testing and Linkage | 489 Clementina St. | 245 11th St. |

* Calendaring memo

**3.11 BHS** – Request approval for site relocation of Bayview Mental Health Services, 4301 Family Center.
From: 4301 3rd Street, San Francisco, CA 94124
To: 5815 3rd Street, San Francisco, CA 94124
* Calendaring memo

**3.12 BHS** – Request approval for site relocation of the City Clinic of Oceanview, Merced, Ingleside Family Center-Child & adolescent Psychodiagnostic Assessment Service:
From: 1760 Ocean Avenue, San Francisco, CA 94112
To: 1701 – 1705 Ocean Avenue, San Francisco, 94112
* Calendaring memo

**3.13 PHP-Housing & Urban Health** – Request for approval of a contract modification with Catholic Charities CYO, in the amount of $373,874, for a new contract total of $1,342,956, which includes a 12% contingency, to provide partial rent subsidy and housing advocacy services through the Assisted Housing Program, for the period of March 1, 2006 through December 31, 2007 (1.5 years).
* Contract summary

**3.14 PHP-Housing & Urban Health** – Request for approval of a contract modification with Walden House, Inc., in the amount of $12,354, for a new contract total of $177,267, which includes a 12% contingency, to provide supportive services in a permanent housing environment at the Planetree Program, targeting very low income adults with disabling AIDS/HIV and substance abuse concerns, for the period of March 1, 2006 through February 29, 2008 (2 years).
* Contract summary

**3.15 PHP-Communicable Disease Control & Prevention** – Request for approval to accept and expend retroactively a new grant from the Centers for Disease Control and Prevention, through the California Department of Health Services, in the amount of $133,662, for the San Francisco Department of Public Health Communicable Disease Control and Prevention Section, to fund pandemic influenza preparedness activities specifically intended to develop and exercise pandemic influenza plans, for the period of August 31, 2006 through August 30, 2007.
* Cover memo, Grant information form, Budget summary

**3.16 PHP-Community Behavioral Health Services** – Request for approval to accept and expend funding from the Mylan Settlement Fund (State of Connecticut, et al. v. Mylan Laboratories), in the amount of $377,345, for the period of June 1, 2007 through May 31, 2009.
* Cover memo, Grant information form, Budget summary

**3.17 PHP-AIDS Office** – Request for approval to accept and expend retroactively a new grant to the Department of Public Health from the National Institutes of Health, in the amount of $373,619 for the period of January 1, 2007 through December 31, 2007, and to request the approval of three contracts with the following agencies: ISIS Inc., The University of Pittsburgh, and PHFE Management Solutions, also for the period of January 1, 2007 through December 31, 2007.
* Cover memo, Grant information form, Budget summary

**3.18 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Positive Resource Center, in the amount of $998,960, which includes a 12% contingency, to provide client advocacy and benefits counseling services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

**3.19 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with The Latino Commission, in the amount of $974,188, which includes a 12% contingency, to provide residential substance abuse services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

**3.20 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with AIDS Legal Referral Panel – Client Advocacy/Legal Services Program, in the amount of $739,533, which includes a 12% contingency, to provide legal assistance, consultation or representation services for individuals diagnosed with AIDS or disabling HIV disease, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

**3.21 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with New Leaf Services for Our Community, in the amount of $603,412, which includes a 12% contingency, to provide outpatient mental health services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Contract evaluation form, Client demographic information form

**3.22 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with PHFE Management Solutions, in the amount of $396,670, which includes a 12% contingency, to provide fiscal intermediary support for the HIV/AIDS Surveillance Data Management Activities, for the period of March 01, 2007 through December 31, 2010 (4 years).
* Contract summary, Contract evaluation form, Client demographic information form

**3.23 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Instituto Familiar de la Raza, in the amount of $392,000, which includes a 12% contingency, to provide outpatient mental health services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

**3.24 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Baker Places, Inc., in the amount of $505,413, which includes a 12% contingency, to provide HIV substance abuse detoxification services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Response, Client demographic information form

**3.25 AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Patricia Sullivan Consulting, in the amount of $336,000, which includes a 12% contingency, to provide consulting services to the HIV Health Services Section for the South East Partnership for Health CoE Program, for the period of March 1, 2007 through August 31, 2008 (1.5 years).
* Contract summary, Contract evaluation form, demographic information form

**3.26 DPH-Central Admin** – Request for approval of Sole Source designation for Health, Behavioral Health and Support Services provided by non-profit contractors.
* Request memo, List of Providers

**4) FOR DISCUSSION: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

**5) EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF FEBRUARY**
**List of Awardees*

**6) FOR DICUSSION AND ACTION: APPROVAL OF A REVENUE SUPPLEMENTAL FOR SAN FRANCISCO GENERAL HOSPITAL, LAGUNA HONDA HOSPITAL,THE HEALTH ACCESS PROGRAM AND HIV/AIDS SERVICES AND PLANNING**
(Gregg Sass, Chief Financial Officer)
**Supplemental Appropriation*

**7) PUBLIC COMMENT/OTHER BUSINESS****

**8) CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**REVIEW OF GOLDEN GATE RESTURANT ASSOCIATION V. CITY AND COUNTY OF SAN FRANCISCO**

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

## 9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

### Accessible Meeting Policy

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

## Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.Dc**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**Mitchell H. Katz, M.D.**
Director of Health

**Rebekah R. Varela**
Acting Executive Secretary

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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, February 20, 2007**
**At**
**3:00 p.m.**
**101 Grove Street**
**Room 300**
**San Francisco, CA 94102**

## 1) CALL TO ORDER

President Lee Ann Monfredini called the meeting to order at 3:09 p.m.

Present: Lee Ann Monfredini, President
David J. Sanchez, Jr., Ph.D., Vice President
Edward A. Chow, M.D.
Catherine Dodd, R.N., Ph.D.c
Roma P. Guy, M.S.W.
James M. Illig
Markus Watson, D.D.S

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## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 13, 2007

Action Taken: The minutes were approved with the following changes; on page 2, Commissioner Illig is a member of the IHHS Public Authority, on page 9 second bullet, "this" is the booklet on lead, and the following comment from Commissioner Guy on Page 15, bullet 9:

Commissioner Guy reminded staff and Commissioners that we need to re-instate the Epidemiologist II position that was eliminated during the years of budget cuts. This position eliminated DPH's ability to perform the core public health responsibility of collecting population based data. This data is necessary to analyze health status of San Franciscans over time. The data is also crucial when submitting proposals for funding.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Watson attended the Budget Committee meeting.

Items for Discussion and Approval

**3.1 PHP-Housing & Urban Health** – Request for approval of a new contract with the Tenderloin Neighborhood Development Corporation, in the amount of $240,352, which includes a 12% contingency, to provide permanent supportive housing for severely mentally ill adults, for the period of March 1, 2007 through June 30, 2008 (16 months).
* Contract summary

Commissioner Comment:

- Commissioner Chow commended the program for including the cultural competency report in their report. He also stated that this was an important partner and that this contractor was a true sole source.
- Commissioner Watson asked what criteria they used to chose the 20 spots. Margot Antonetty responded that the criteria include an Access 1 diagnosis, San Francisco residents and homeless or in risk of being homeless.

**3.2 PHP-Housing & Urban Health** – Request for approval of a retroactive new contract with Dolores Street Community Services, in the amount of $428,400, which includes a 12% contingency, to provide community stabilization and single room occupancy (SRO) fire prevention in the Mission District for the period of January 1, 2007 through June 30 2008 (1.5 years).
* Contract summary

Commissioner Comment

- Commissioner Sanchez asked for clarification regarding who is leading the transition. Margot Antonetty responded that Tenderloin Housing Clinic agreed to continue service for one year while the services were RFP-ed.

**3.3 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Project Open Hand, in the amount of $4,795,840, which includes a 12% contingency, to provide delivered Meal/Grocery Center services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment

- Commissioner Chow asked how the involved parties such as the Board of Supervisors, Federal Government, etc could modify the HIV Services awards if there was a change in the need of services. Michelle Long responded that there is a clause in the contract that allows for changes. Commissioner Chow also asked to confirm that these contracts could be modified based on evaluations. Ms. Long confirmed that this was the case.
- Commissioner Chow asked why the Centers of Excellence did not have client satisfaction surveys. Ms. Long stated that this is an ongoing process and that for Centers for Excellence the surveys are always site visits. She added that the first site visit is in March, which is why the contract packet does not include it. Commissioner Chow requested that Ms. Long take the results to the appropriate JCC.
- Commissioner Watson asked if the unduplicated client numbers were ever duplicated. Ms. Long stated that usually the clients do not utilize both services, so they are generally unduplicated.

- Commissioner Chow asked to confirm that the contract did not reflect the general fund. Ms. Long stated that it did not.

**3.4 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Walden House, in the amount of $4,327,612, which includes a 12% contingency, to provide comprehensive monitored residential detox and residential substance abuse services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Response letter, Follow-up letter, Client demographic information form

Commissioner Comment

- Commissioner Chow stated that one of the client satisfaction scores was a 2. He asked why this was. He also stated that he was under the understanding that contractors with low client satisfaction scores were not going to be renewed for a multi-year contract. Denise Williams responded that the agency does a survey twice a year for the whole agency. She stated the problem was that the survey was agency wide and not specific to the contract. Ms. Long also responded that she was under the understanding that if the low survey score was due to process and that the agency had responded to all of the suggestions that it could be brought forward for a multi year contract.
- Commissioner Chow asked Gregg Sass to comment on the status of Walden House. Mr. Sass responded that he felt comfortable with Walden House's financial situation.
- Commissioner Watson asked what the timeline for the monitoring report was. Ms. Long replied it would be ready in a few months.

**3.5 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Tenderloin Health, in the amount of $3,064,135, which includes a 12% contingency, to provide Centers of Excellence services for Tenderloin residents who are living with HIV/AIDS and severe needs, or members of special populations, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Agency memo and response, Client demographic information form

Commissioner Comment

- Commissioner Chow stated that for number 1, the contract could have stated the objective was achieved. Ms. Long agreed that it could have and that she was working with staff to consolidate responses.
- Commissioner Watson asked about the discrepancies between the unduplicated client numbers. Ms. Long responded that the measurements were different and that one was a projection and one was actual numbers.

**3.6 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with UCSF AIDS Health Project, in the amount of $1,277,410, which includes a 12% contingency, to provide outpatient mental health services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Contract evaluation form, Client demographic information form

Commissioner Comment

- Commissioner Chow stated that he liked the readability of this item.

**3.7 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with UCSF Positive Health Program, in the amount of $2,175,043, which includes a 12% contingency, to provide Women's Center of Excellence services to individuals who are affected by HIV/AIDS, for the period of April 1, 2007 through March 31, 2011 (3.5 years).
* Contract summary, Regents information page, Client demographic information form

Commissioner Comment

- Commissioner Watson asked what the program was doing to increase the number of women in the contract. Mary Lawrence Hicks responded that the contract does not reflect the actual numbers of women they care for. For example, in Ward 86, they are contracted to take care of 100 women but they actually taking care of 500.
- Commissioner Dodd stated that she wanted to see the data in advance on who this contract is serving in terms of population statistics, such as how many women served were women of color. She added that for the benefit of the public this data needs to be presented as part of the contact packet.

**3.8 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Mission Neighborhood Health Center, in the amount of $1,960,000, which includes a 12% contingency, to provide Centers of Excellence services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment

- Commissioner Chow asked how the program was working to increase the number of service providers in the network. Laura Rodriguez responded that they are performing outreach to increase the numbers.
- Commissioner Sanchez stated that this program provided an important safety net for undocumented persons.

**3.9 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with UCSF CCHAMP Program, in the amount of $2,175,293, which includes a 12% contingency, to provide Centers of Excellence services to individuals who are affected by HIV/AIDS, for the period of April 1, 2007 through March 31, 2008 (1 year).
* Contract summary, Monitoring report summary, Regents information pageClient demographic information form

Commissioner Comment

- Commissioner Chow commented on the issue of timely submission for UC contracts.

**3.10 BHS** – Request approval for site relocation of Westside Community Services Clinics as follows:

| NAME OF PROGRAM | MOVING FROM | **RELOCATING TO** |
|---|---|---|
| Westside Crisis Clinic | 888 Turk St. | 245 11th St. |
| Westside Outpatient Clinic | 888 Turk St. | 245 11th St. |
| Westside Assertive Community Treatment Program | 868 Turk St. | 245 11th St. |
| Westside Alliance Program | 489 Clementina St. | 245 11th St. |
| Westside Aids Case Management | 489 Clementina St. | 245 11th St. |
| Westside Counseling, Testing and Linkage | 489 Clementina St. | 245 11th St. |

* Calendaring memo

Commissioner Comment

- Commissioner Chow asked what the second sign in list was. Abner Boles replied that it was a list of where they had distributed flyers.
- Commissioner Chow asked if there was an issue regarding crossing Market. Mr. Boles stated that as most of their clients were in the Tenderloin this was actually closer to the populations they would serve.

**3.11 BHS** – Request approval for site relocation of Bayview Mental Health Services, 4301 Family Center.
From: 4301 3rd Street, San Francisco, CA 94124
To: 5815 3rd Street, San Francisco, CA 94124
* Calendaring memo

Commissioner Comment

- Commissioner Chow asked if the program was going to be joined with the Bayview campus. Mr. Moody stated that in the interest of the community and integrating clients with primary care, they would be working with Mark Ghali to integrate services.

**3.12 BHS** – Request approval for site relocation of the City Clinic of Oceanview, Merced, Ingleside Family Center-Child & adolescent Psychodiagnostic Assessment Service:
From: 1760 Ocean Avenue, San Francisco, CA 94112
To: 1701 – 1705 Ocean Avenue, San Francisco, 94112
*** Calendaring memo**

Commissioner Comment

- Commissioner Chow asked if the program was intending to have the OMI officer assist more. John Grimes replied that most of the issues were regarding the neighborhood and not the program itself.

**3.13 PHP-Housing & Urban Health** – Request for approval of a contract modification with Catholic Charities CYO, in the amount of $373,874, for a new contract total of $1,342,956, which includes a 12% contingency, to provide partial rent subsidy and housing advocacy services through the Assisted Housing Program, for the period of March 1, 2006 through December 31, 2007 (1.5 years).
* Contract summary

Commissioner Comment

- Commissioner Watson asked what the program was doing to prevent bedbugs. Margot Antonetty stated that they are taking steps such as vinyl mattresses, etc.
- Commissioner Chow asked about the difference in costs listed on the contract. Ms. Antonetty stated that they used available CARE funds to provide additional money for supplemental services for those providers that requested it.

**3.14 PHP-Housing & Urban Health** – Request for approval of a contract modification with Walden House, Inc., in the amount of $12,354, for a new contract total of $177,267, which includes a 12% contingency, to provide supportive services in a permanent housing environment at the Planetree Program, targeting very low income adults with disabling AIDS/HIV and substance abuse concerns, for the period of March 1, 2006 through February 29, 2008 (2 years).
* Contract summary

Commissioner Comment

- Commissioner Chow stated that the contract did not reflect the one time addition. Jacquie Hale responded that they could add this if it is so desired.

**3.15 PHP-Communicable Disease Control & Prevention** – Request for approval to accept and expend retroactively a new grant from the Centers for Disease Control and Prevention, through the California Department of Health Services, in the amount of $133,662, for the San Francisco Department of Public Health Communicable Disease Control and Prevention Section, to fund pandemic influenza preparedness activities specifically intended to develop and exercise pandemic influenza plans, for the period of August 31, 2006 through August 30, 2007.
* Cover memo, Grant information form, Budget summary

Commissioner Comment

- Commissioner Chow stated that with the issues of grants discussed last meeting, he asked what happens to the positions at the end of the grant. Jonathan Tran responded that they would look for more funding or phase out the positions.
- Commissioner Watson asked what happens to the equipment and supplies after the grant is over. Mr. Tran responded that they could still utilize this equipment and supplies.

**3.16 PHP-Community Behavioral Health Services** – Request for approval to accept and expend funding from the Mylan Settlement Fund (State of Connecticut, et al. v. Mylan Laboratories), in the amount of $377,345, for the period of June 1, 2007 through May 31, 2009.
* Cover memo, Grant information form, Budget summary

Commissioner Comment

- Commissioner Sanchez confirmed that the positions funded by this grant could be assigned to staff that already work for the Department if they meet the requirements. Edwin Batongbacal confirmed that this could be the case.

**3.17 PHP-AIDS Office** – Request for approval to accept and expend retroactively a new grant to the Department of Public Health from the National Institutes of Health, in the amount of $373,619 for the period of January 1, 2007 through December 31, 2007, and to request the approval of three contracts with the following agencies: ISIS Inc., The University of Pittsburgh, and PHFE Management Solutions, also for the period of January 1, 2007 through December 31, 2007.
* Cover memo, Grant information form, Budget summary

Commissioner Comment

- Commissioner Sanchez congratulated the program on receiving the grant and stated that this is a great model for academic collaboration.
- Commissioner Watson asked if there were any other programs like this. Willi McFarland stated that this is the first program of its kind.
- Commissioner Chow asked why this contract is not being approved for 4 years since that is what NIH is awarding. Irene Carmona replied that the HIV Contract Section would like this as well.

**3.18 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Positive Resource Center, in the amount of $998,960, which includes a 12% contingency, to provide client advocacy and benefits counseling services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

**3.19 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with The Latino Commission, in the amount of $974,188, which includes a 12% contingency, to provide residential substance abuse services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment

- Commissioner Chow stated that there was an error on the cover page for the fiscal year. Michelle Long agreed that it was.

**3.20 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with AIDS Legal Referral Panel – Client Advocacy/Legal Services Program, in the amount of $739,533, which includes a 12% contingency, to provide legal assistance, consultation or representation services for individuals diagnosed with AIDS or disabling HIV disease, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment

- Commissioner Chow asked for comment on the challenges on the implementation of the REGGIE. ED responded that they have met with the AIDS staff and are now in compliance. Commissioner Chow also asked about the cultural competency deficiencies. ED responded that they have put their language line into their policies.

**3.21 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with New Leaf Services for Our Community, in the amount of $603,412, which includes a 12% contingency, to provide outpatient mental health services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Contract evaluation form, Client demographic information form

Commissioner Comment

- Commissioner Watson asked what the 4-point scale was. Program Staff responded that this was a way to measure improvement and was not related to medication.
- Commissioner Chow stated that there was a nice summary of the cultural competency and that he hoped next time they look at specific benchmarks.

**3.22 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with PHFE Management Solutions, in the amount of $396,670, which includes a 12% contingency, to provide fiscal intermediary support for the HIV/AIDS Surveillance Data Management Activities, for the period of March 01, 2007 through December 31, 2010 (4 years).
* Contract summary, Contract evaluation form, Client demographic information form

Commissioner Comment

- Commissioner Chow stated that the contract form was incomplete. Willi McFarland acknowledged that this was the case and that he would submit the missing data as a supplemental.

**3.23 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Instituto Familiar de la Raza, in the amount of $392,000, which includes a 12% contingency, to provide outpatient mental health services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

No Comment

**3.24 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Baker Places, Inc., in the amount of $505,413, which includes a 12% contingency, to provide HIV substance abuse detoxification services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 years).
* Contract summary, Monitoring report summary, Response, Client demographic information form

Commissioner Comment

- Commissioner Chow asked if it was clear from what was submitted on the client survey if there was anything the clients wanted. Michelle Long responded that the clients wanted more meetings and recreational opportunities and that the agency complied. She also added that DPH has also asked the agency to survey more clients.

**3.25 AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Patricia Sullivan Consulting, in the amount of $336,000, which includes a 12% contingency, to provide consulting services to the HIV Health Services Section for the South East Partnership for Health CoE Program, for the period of March 1, 2007 through August 31, 2008 (1.5 years).
* Contract summary, Contract evaluation form, demographic information form

Commissioner Comment

- Commissioner Watson asked if there was any data for this project. Michelle Long replied that this would come in the monitoring report.
- Commissioner Chow asked when they would be hearing the results of this project. Michelle Long replied that they would be bringing an update with another contract in March.
- Commissioner Watson asked if the firm was training someone in the program to take over this project. Ms. Long stated that this has not yet been determined.

**3.26 DPH-Central Admin** – Request for approval of Sole Source designation for Health, Behavioral Health and Support Services provided by non-profit contractors.
* Request memo, List of Providers

Commissioner Comment

- Commissioner Illig stated that one consequence of adopting this would reduce paperwork for contractors. Anne Okubo replied that this creates a broad category of designation that does not require the RFP process each year. Commissioner Illig stated that he is troubled by the fact that DPH is doing something different than the other departments. Anne Okubo stated she is not sure how other departments are complying with this. Dr. Katz stated that one of the reasons that contracts come to the Commission is because it was deemed by the Board of Supervisors that it was a better place to develop content expertise and have a better debate. He added that the problem with the reinterpretation is that it would push these contracts back to the BOS. He stated that the second aspect is that human services contracts are different than other city contracts in that there are limited bidders and that you could not make money off of DPH contracts by design. He added that RFP-ing every year is not a good use of time and that the goal was to keep the role of the Health Commission the same. He stated that DPH is the test case for this and that he anticipates that they will be a model for

- Commissioner Illig stated that per his conversation with the City Attorney, there is nothing written in to Administrative Code that requires the Commission to approve contracts. Dr. Katz replied that he has not had that conversation with the City Attorney so he could not comment. Commissioner Chow stated that one of the ideas behind the creation of the Commission was to provide fiscal oversight and to provide a citizen board to provide governance. Commissioner Dodd stated that the Commission was created by a Grand Jury report regarding…
- Commissioner Dodd stated that the Commission is supposed to be concerned with the health of the community and that she is concerned with reviewing contracts every ten years. Anne Okubo responded that they will be reviewing contracts annually or every four years as appropriate.
- Commissioner Dodd also asked how the process of abstaining from votes on organizations one is connected with works. Commissioner Illig stated that the City Attorney told him it is an immaterial association and abstaining is not necessary.
- Commissioner Chow thanked staff for the clarification of this process. He added that Ms. Okubo stated that this is a DPH specific term and that this does not take away from the sole source designation as granted by the Human Services Agency.

Action Taken: The Commission passed the consent calendar with the following addition: Item 3.17, (approval to accept and expend retroactively a new grant to the Department of Public Health from the National Institutes of Health) was approved for a four year period as written in the body of Item 3.17 (as follows):

Approval to accept and expend retroactively grant funds from the National Institute of Health (NIH) in the amount of $373,619, the first year of a four-year project, for the period of January 1, 2007 through December 31, 2007. Including funding for subsequent years, contingent upon adequate participant recruitment based on projected milestones, the full four-year project funding will equal $1,677,094. This grant will support the "Serosorting among Men at Risk for HIV" project for the HIV/AIDS Statistics and Epidemiology Section.

Commissioner Illig abstained from item 3.3.

## 4) DIRECTOR'S REPORT

Mitch Katz, MD, Director of Health presented the Director's Report.

Computer Virus Update

Dr. Katz wanted to give the Commission an update on the current status of the virus that affected the DPH network and server devices. IT staff have been working diligently over the last three weeks to remediate the server problems that began at LHH. The servers have been cleaned and 90% of all DPH desktops have been successfully remediated with the exception of Laguna Honda. This process should be completed in the next two weeks (some of our older PCs require that the Trend update be manually installed on the device), and the Helpdesks are fielding all virus related Trouble Tickets on a priority basis. At Laguna Honda, the NT Domain servers had to have all software re-installed which took about a week for the team to complete and verify that the Trend anti-virus function was fully operational. About 50% of the desktop devices have been remediated, on a departmental priority basis. The old NT servers at LHH will be replaced on a priority basis once the purchase orders have been cleared and the equipment delivered.

Community Oriented Primary Care

Community Oriented Primary Care (COPC) dedicated its entire Quarterly Medical Providers' Meeting to Pain Management Issues, including issues of prescribing to the narcotic addicted and dependent patient populations. With the increasing prevalence of pain management concerns arising in our health centers, it was determined that sharing of best practices and avoidance of common pitfalls was deserving of this educational focus.

Dr. Barry Zevin, jointly funded through COPC and CSAS divisions, organized excellent presentations from the following experts:
Michael Potter, MD, on Common Prescribing Issues in Primary Care;
Marsha Haller, MD, on Use of Acupuncture and other Modalities;
Peter Koo, Pharm.D, on Pharmaceutical Strategies; and,
Brad Shapiro, MD, on Use of Methadone and Buprenorphine in Primary Care settings.

Future goals coming from this intensive half-day review may include recommendations for enhanced pain management strategies throughout the CHN, with greater access to non-pharmaceutical alternatives, e.g. physical therapy, complementary medicine, and group visits.

California Community Choices

California Community Choices Advisory Committee is seeking public/stakeholder input to help inform development of the California Community Choices project. Dr. Katz attached a flyer detailing a number of issues in need of comment. Anyone interested in responding can do so online at http://communitychoices.info (responses by fax or mail are also welcome) or participate in one of the public meetings detailed in the flyer. Thank you for your continued interest in and support of the California More information is available by calling Karol Swartzlander, 916/651.6693 or e-mailing her at kswartz2@chhs.ca.gov.

Mentors Wanted

The San Francisco Unified School District, through its School-to-Careers Office, and the Southeast Community College, are seeking summer internships at DPH for high school aged students for June – July 2007. The interns would be students interested in health careers who are currently enrolled in health related instruction through SFUSD or SECC. As part of that instruction, each student is required to do a 6-8 week field placement, supervised by a health care or public health employee. Organizers will provide ongoing support and regular group activities to enrich the students' internships. Liz Jacobi, liz.jacobi@sfdph.org and Ginger Smyly, ginger.smyly@sfdph.org are coordinating the Department's participation in this program. Deadline to sign up as a mentor is March 16, 2007.

Commissioner Comment

- Commissioner Monfredini asked for an update on the response to the Civil Grand Jury. Anne Kronenberg stated that the response went to the Controller's Office and that many of the responses were number 4's, which meant they were not in our area. Commissioner Monfredini asked the Commission Secretary to forward responses to the whole Commission not just Officers.
- Commissioner Illig asked if anyone knew about an upcoming audit of DPH. Gregg Sass responded part of the audit would to be to look at if some of DPH's services could be contracted out and also at the HAP planning process. Commissioner Illig asked if the reports from the audit would come to the Commission. Mr. Sass replied that they would. Commissioner Illig asked if interviews with Commissioners were included in the consultant

reports. Anne Kronenberg stated that two of the three processes included interviews but that they were focused on community providers.

- Commissioner Guy asked for a timeline on reports on the audit. Dr. Katz stated that he would include updates in the Director's Report.
- Commissioner Illig asked about the increase in the Medical Marijuana card prices and the protests at SFGH. Dr. Katz replied that Supervisor Mirkarimi's legislation would require that DPH return to using a San Francisco specific card and that they have reverted to SFDPH cards while they advocate for a change of price for the card from the State.
- Commissioner Sanchez stated that SFGH Foundation held the Heart's luncheon last week and that close to 780 people came and raised close to $1,000,000 for SFGH. He thanked Ms. Judy Guggenheim for her efforts as well as the artists. He added that the Mayor spoke about the need for a helipad and the need to rebuild SFGH. Gene O'Connell stated that she would write this up for the next Director's Report.
- Commissioner Guy stated that she recognizes the challenges related to the virus attack, but that we need to look to the budget process to support staff in relation to technology. Commissioner Chow added that perhaps we need an increased centralization of technology support and oversight. Dr. Katz stated that this specific issue was one of hardware. He added that MIS is centrally managed and that this was a problem with running new software on old servers. He stated that DPH does need support from the Commission in putting more effort into equipment and that he will ask Gregg Sass and Dave Counter to look to see if there are any other areas that need to be addressed.
- Commissioner Illig stated that an IT update will be coming to CHN in April and that he would like to see a proposal for any of these IT issues. Commissioner Guy asked that lessons learned from this experience should go to the CHN JCC. Gregg Sass replied that he would do this and also to bring it to the Integration Steering Committee.

## 5) EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF FEBRUARY

Commissioner Chow presented employee recognition awards.

| **Individual Award** | **Division** | **Nominated By** |
|---|---|---|
| Jonas Abella | CBHS | Sherri Little<br>Toni Rucker<br>Cathy Jacob<br>Margaret Farny<br>Brad Shapiro |

| **Individual Award** | **Division** | **Nominated By** |
|---|---|---|
| Mattie Peckenham | SFGH | Martha Dominquez Glumaz |

## 6) APPROVAL OF A REVENUE SUPPLEMENTAL FOR SAN FRANCISCO GENERAL HOSPITAL, LAGUNA HONDA HOSPITAL, THE HEALTH ACCESS PROGRAM AND HIV/AIDS SERVICES AND PLANNING

Gregg Sass, Chief Financial Officer, presented the Approval of the Revenue Supplemental.

1 Overspending at SFGH and LHH

The Q2 FS projects that SFGH and LHH will be overspent.

| | Salaries | Benefits | Other | Total | Suppl. |
|---|---|---|---|---|---|
| SFGH | 9,024 | 74 | 3,500 | 13,269 | 12,618 |
| LHH | 3,052 | (1,138) | 1,980 | 3,694 | 3,778 |

The supplemental is requesting $12,618,000 for SFGH and $3,778,000 for LHH. Differences are due to using more up to date payroll analysis.

Overspending at SFGH is largely related to higher than budgeted census (332 Average Daily Census actual vs. budget of 303 Average Daily Census) and to fund higher than budgeted materials and supplies in OR. Both are revenue generating.

Overspending at LHH is related to $2.5M in higher than budgeted expenses in salaries related to survey related costs in Q1 plus additional funding in anticipation of another licensing survey later this year. Non personnel costs are associated with supply and contract expenses that were not fully budgeted. These costs were identified too late to include in the 07 budget.

2 HAP start up costs

In order to meet the July 1 implementation date for the HAP, there are several IT and facility expenses totaling approx. $2.3M that need to start ASAP. We are proposing to use surplus revenues to cover this expense in order to avoid requesting a GF supplemental.

3 AIDS cost

Similarly, we are proposing to use expense savings in the General Fund divisions to backfill $642K in AIDS services for which the associated CMS earmarks were not renewed. We are also proposing to use expense savings to fund a $100K AIDS planning process. These items were introduced by Supervisor's Daly and Dufty, to be funded with General Funds. But again avoiding a General Fund supplemental is preferred if possible.

Commissioner Comment:

- Commissioner Dodd congratulated the administrators of both hospitals for generating revenue. She asked why DPH is not putting aside funds from the revenue at LHH to upgrade the computer systems. Dr. Katz responded that there is a push against doing things mid-year. He stated that the thought is that there is a budget process and that Departments should go through it for new requests. He stated that there isn't much room to request this, especially with the upcoming budget process.
- Commissioner Dodd asked how this affects the HAP request. Dr. Katz stated that DPH will fund this out of the Department revenue and that there might be an opportunity to repay with State waiver funds.
- Commissioner Dodd asked if there was an overrun due to the computer issues at LHH. She stated that a working computer system is integral for public safety. Gregg Sass replied that they are using 100% of LHH revenue on LHH items and that there is no more revenue for supplementals. John Kanaley added that they had immediate work arounds on pharmacy, nutrition, and purchasing and that they were able to continue to a high level of care. He

added that there would be some catch up but that hopefully they will be able to work with what they have.

- Commissioner Illig added that he would like to see these types of decisions come to the Commission to make policy decisions on how this money is spent.
- Commissioner Chow asked what was being purchased with the remodel cost. Mr. Sass responded that it pays for such things as relocation costs, computer and phone systems. Commissioner Chow requested a break down of the costs. Gene O'Connell stated that she would provide a break out of costs.
- Commissioner Watson asked what helps determine who gets earmarks. Mr. Sass stated that Speaker Pelosi had been very effective at bringing funds into San Francisco, but that those earmarks were not approved this year. Commissioner Dodd added that Speaker Pelosi has been dedicated to fighting HIV/AIDS and that agencies can approach her office for earmarks. She added that there are no earmarks this year but that they would be back.
- Commissioner Dodd asked for more information regarding the timelines for the UCSF program and also requested that DPH look at contracts for serving women of color in the AIDS section. Mr. Sass replied that these programs went through the Board of Supervisor and received sponsorship.
- Commissioner Dodd asked if Ward 86 has its own budget. Dr. Katz replied that they do get some special funds but that it is still part of the hospital budget.
- Commissioner Guy stated that she sees Commission input in these requests and that she is looking for recommendations from staff.

## 7) PUBLIC COMMENT

-Marie Jobling, Co-Chair of Long Term Care Council here to support the Commission on their efforts on behalf of the Long Term Care Coordinating Council. She stated that the process has been open and translucent and that within a few weeks the first people will start receiving funds. She added that the council is now looking at what to do this year. She asked the Commission to make the questions provided the same questions that the Commission asks.

Commissioner Comment

- Commissioner Illig added that CASE suggested that there be a joint meeting on these issues to prepare for this years budget process and address the silos that effect long term care planning.

## 8) ADJOURNMENT

The meeting was adjourned at 5:41 PM.

Rebekah R. Varela
Acting Executive Secretary to the Health Commission

**Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.**

San Francisco Department of Public Health

**AGENDA: HEALTH COMMISSION MEETING**

Tuesday, March 06, 2007
at 3:00 p.m.
101 GROVE STREET, Room 300
San Francisco, CA 94102

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:30 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

**1) CALL TO ORDER**

**2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 20, 2007**

*Minutes of the meeting of February 20, 2007

**3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**

(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Discussion and Approval

3.1 DPH-Central Administration – Request for approval of a new sole source contract and a five-year software maintenance agreement with the Center to Promote HealthCare Access, in the amount of $1,728,262, which includes a 12% contingency, to develop a web-based eligibility screening and determination system related to the Health Access Program, for the period of March 2007 through June 2012 (5 years).
* Contract summary

Items for Approval

3.2 PHP-Primary Care – Approval to retroactively accept and expend a new grant from the California Health Care Foundation in the amount of $241,225, for the San Francisco Department of Public Health, Community Oriented Primary Care, to fund a project entitled “Improving the Quality of Primary Care in San Francisco; Department of Public Health Primary Care Quality Indicators Project”, for the period of March 15, 2007 through December 15, 2007.
* Grant summary, Grant information form

3.3 AIDS Office-HIV Prevention – Request for approval of a contract modification to increase funds for to PHFE Management Solutions, in the amount of $20,002, for a new total of $120,616, which includes a 12% contingency, to provide fiscal intermediary support for the Positive Reinforcement Opportunity Project, for the period of July 1, 2006 through June 30, 2007 (1 year).
* Contract summary, Monitoring report summary, Client demographic information form

3.4 AIDS Office-HIV Prevention – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $248,856, which includes a 12% contingency, to provide fiscal intermediary support for the STD Prevention & Control “Syphilis Prevention Project”, for the period of January 1, 2007 through December 31, 2007 (1 year).
* Contract summary, Monitoring report summary, Client demographic information form

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**4) FOR DISCUSSION: DIRECTOR’S REPORT**

(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
*Director’s Report

**5) PUBLIC COMMENT/OTHER BUSINESS****

**6) CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session
B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)
C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

1. REVIEW OF GOLDEN GATE RESTAURANT ASSOCIATION V. CITY AND COUNTY OF SAN FRANCISCO
2. DISCUSSION OF SPECIAL MEETING OF THE HEALTH COMMISSION

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

**7) ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

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**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**
**Department of Public Health**

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.Dc**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**Mitchell H. Katz, M.D.**
Director of Health

**Rebekah R. Varela**
Acting Executive Secretary

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**Web Site: http://www.sfdph.org**

# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, March 6, 2007**
**At**
**3:00 p.m.**
**101 Grove Street**
**Room 300**
**San Francisco, CA 94102**

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## 1) CALL TO ORDER

President Lee Ann Monfredini called the meeting to order at 3:06 p.m.

| | |
|---|---|
| Present: | Lee Ann Monfredini, President<br>David J. Sanchez, Jr., Ph.D., Vice President<br>Edward A. Chow, M.D.<br>Catherine Dodd, R.N., Ph.D.c<br>James M. Illig<br>Markus Watson, D.D.S |
| Absent: | Roma P. Guy, M.S.W. |

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 20, 2007

Action Taken: The minutes were approved with the following changes: Item 3.1 should read "Axis 1 diagnosis" as opposed to "Access 1 diagnosis". On item 3.3, the first two comments are in relation to general questions regarding HIV Services awards and client satisfaction surveys, not specific to Project Open Hand. Also on item 3.3, the last comment should reflect that the contract did include General Fund dollars.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Watson attended the Budget Committee meeting.

Items for Discussion and Approval

**3.1 DPH-Central Administration** – Request for approval of a new sole source contract and a five-year software maintenance agreement with the Center to Promote HealthCare Access, in the amount of $1,728,262, which includes a 12% contingency, to develop a web-based eligibility screening and determination system related to the Health Access Program, for the period of March 2007 through June 2012 (5 years).
* Contract summary

Commissioner Comment:

- Commissioner Chow asked about the contributions of the California Endowment and asked for comment on the Endowment and the California HealthCare Foundation working together on this project. Tangerine Brigham stated that this project fits with both the mission of the California Endowment and the California HealthCare Foundation and that they are both funders of this project.

**3.2 PHP-Primary Care** – Approval to retroactively accept and expend a new grant from the California Health Care Foundation in the amount of $241,225, for the San Francisco Department of Public Health, Community Oriented Primary Care, to fund a project entitled "Improving the Quality of Primary Care in San Francisco; Department of Public Health Primary Care Quality Indicators Project", for the period of March 15, 2007 through December 15, 2007.
* Grant summary, Grant information form

Commissioner Comment:

- Commissioner Chow asked how this database integrates patient care at multiple sites and how it is patient centered. Dr. Drennan stated that this is based on the concept of medical home, and that this will allow for clients to be tracked wherever they are in the DPH system. He added that this would not solve the problem of tracking clients that receive care outside of the DPH system.
- Commissioner Chow followed up by asking how this system will track patients who are receiving care outside of the primary care setting. Dr. Johnson stated that the databases will be multifaceted and will be focusing on sorting and organizing clients beyond the medical home.
- Commissioner Sanchez asked to confirm that this was transitional funding. Dr. Johnson confirmed that it was.

**3.3 AIDS Office-HIV Prevention** – Request for approval of a contract modification to increase funds for to PHFE Management Solutions, in the amount of $20,002, for a new total of $120,616, which includes a 12% contingency, to provide fiscal intermediary support for the Positive Reinforcement Opportunity Project, for the period of July 1, 2006 through June 30, 2007 (1 year).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment:

- Commissioner Chow asked who would be creating the content. Wendy Wolf clarified that DPH would be in charge of the content and that PHFE would be the fiscal agent.
- Commissioner Chow asked how PHFE won the RFP process. Ms. Wolf responded that PHFE has been flexible with administrative costs and also was the lowest bidder in the original RFQ process. She added that PHFE had a full time dedicated San Francisco staff person.

**3.4 AIDS Office-HIV Prevention** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $248,856, which includes a 12% contingency, to provide fiscal intermediary support for the STD Prevention & Control "Syphilis Prevention Project", for the period of January 1, 2007 through December 31, 2007 (1 year).
* Contract summary, Monitoring report summary, Client demographic information form

## 4) DIRECTOR'S REPORT

Mitch Katz, MD, Director of Health presented the Director's Report.

Broadway Rockslide

Residents of the 400 block of Broadway began calling 9-1-1 February 27th about 3:30 in the morning complaining of loud noise and rushing water. Firefighters responded to the scene to discover that 75 feet of the Vallejo Street hill had slid into the properties on Broadway and Montgomery Street. The 44 unit condominium building on Vallejo was evacuated and red tagged. Four buildings on Broadway and three buildings on Montgomery were also red tagged. The slide displaced 120 people from 86 units.

After initial response efforts by Police, Fire and the Department of Building Inspection, DPH and the Human Services Agency were called to respond and evaluate the needs of the displaced tenants. Mary Macgosy, from EMS conducted the initial health assessment and found no immediate health needs. David Nakanishi from Community Programs represented DPH at the afternoon briefing to determine if mental health professionals should respond. Most of the displaced occupants had the resources to take care of their own needs. Approximately 25 tenants that live on Broadway were housed at the Chinese Recreation Center shelter (1199 Mason) established by the American Red Cross. Most of those at the shelter were Cantonese speaking. The Human Services Agency and DPH both offered linguistically competent staff to respond at the shelter and act as translators for the displaced tenants. No other special needs were identified among the shelter residents.

As a proactive measure, the Division of Emergency Services opened the Command Center on Turk Street Tuesday afternoon. Mary Ellen Carroll from Policy and Planning responded for the Department. It was identified that towels were needed, and John Kanaley was able to supply these at a moments notice. The shelter was closed on Friday and the Red Cross issued hotel vouchers to all the tenants who were still in need of temporary housing. Although the incident was devastating for those who lost their homes, it could have been much worse. No one was injured as a result of the rock slide, displaced residents were resourceful and City Departments all responded appropriately and in a timely fashion. I want to extend my thanks to everyone in the Department who had a role in this response effort.

Health Care Security Ordinance

On February 27, 2007, Supervisor Ammiano, with the support of Mayor Newsom, introduced legislation amending the Health Care Security Ordinance. The amendments: (1) authorize the Department to establish and maintain reimbursement accounts, (2) extend the operative date of the employer health care expenditure requirement to January 1, 2008, (3) clarify remedies for violations of the Ordinance and (4) make other technical changes. The amendments are designed to address issues that have arisen in the planning and implementation of the Health Access Program and the Employer Spending Requirement. The Department is supportive of the amendments. As the Health Commission is aware, in the joint Department/Office of Labor Standards and Enforcement status report on the implementation of the Ordinance, the Department recommended amending the legislation to create a spending account option under the Health Access Program for non-resident workers of employers subject to the Employer Spending Requirement based on feedback from focus groups of employers. The amendments do not change the operative date for the Health Access Program which is scheduled for phased implementation beginning July 1, 2007. The amended legislation will be heard before the Board of Supervisors' Budget and Fiscal Committee on Wednesday, March 7, 2007.

State Medical Marijuana Identification Card Program

The State Department of Health Services told counties in late December that it would raise its fee for the Medical Marijuana Identification cards from $13 to $142 for non Medi-Cal beneficiaries and from $6.50 to $71 for Medi-Cal beneficiaries beginning March 1, 2007. The letter stated the fee increase was necessary to comply with Health and Safety Code 11362.755 (a) of Senate Bill 420 which requires that the State's program be fully self supported by the fees it collects. In spite of the mandatory nature of the statewide program, only 24 counties in California implemented the MMCI card program, with San Francisco producing 40% of the State's revenues. The low compliance rate is the reason the State did not realize the revenues it expected from implementation of the program.

We received notice from the State the morning of March 1st that the fee increase would not go into effect until April 1st and the increase would now be $66 for non Medi-Cal beneficiaries and $33 for Medi-Cal beneficiaries. Including the costs DPH incurs processing the applications the charge for the new cards will be $103 for non Medi-Cal beneficiaries and $52 for Medi-Cal beneficiaries. The State requires the card be renewed on an annual basis. Part of the renewal requirement is a doctor's referral which costs anywhere from $100 to $250. This fee increase, though smaller than the original proposed increase, will cause significant financial hardship on many medical marijuana patients in San Francisco.

Jimmy Loyce Announces his Retirement

Jimmy Loyce, Director of the AIDS Office, announced his intent to retire as of May 1st. Jimmy has worked for DPH for more than 20 years and has served as Director of the AIDS Office since 2000. Mr. Loyce has been a true leader in the community to ensure that people living with HIV/AIDS receive the best services available. He has assured us that while he is leaving DPH, he remains committed to the ongoing work to help in the fight against the spread of HIV/AIDS.
I know you all join me in wishing Jimmy the best in this new and exciting chapter of his life.

With Jimmy's retirement, we will be fully integrating the AIDS Office into Community Programs. As the Commissioners will remember, we have already taken two steps towards integration. We moved AIDS housing into Community Programs under Marc Trotz. Then last year we moved the

Commissioner Comment:

- Commissioner Dodd asked if the CHART database was adjusted for case mix. Gene O'Connell stated that it was not. Commissioner Dodd also asked what the standard of care was for pneumonia. Ms. O'Connell stated that they have not wanted to give antibiotics prior to a chest x-ray, and that they have changed the protocol so that the triage nurse can order a chest x-ray.
- Commissioner Dodd asked that the President of the Health Commission write a letter to the editor to clarify that we do very well once the client is diagnosed and to address the issues of case mix and protocol of pneumonia diagnosis. Commissioner Monfredini confirmed that she would do this with the assistance of Eileen Shields.
- Commissioner Chow stated that he would like SFGH to look at the standard of care and to see this as an opportunity to move in a positive way towards reviewing the existing standard of care.
- Commissioner Illig stated that he wanted to acknowledge Jimmy Loyce for his work. He added that he thinks it is an appropriate move to integrate the AIDS division into Community Programs.
- Commissioner Chow commented that there were articles in the Chinese newspapers on the inspections and that there was a grid on restaurant's that did not do as well.

## 5) PUBLIC COMMENT

None.

## 6) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission voted to hold a closed session.

The Committee went into closed session at 3:46 p.m. Present in the closed session were Commissioner Monfredini, Commissioner Sanchez, Commissioner Chow, Commissioner Dodd, Commissioner Illig, Commissioner Watson, Tangerine Brigham, Deputy Director of Health, Vince Chhabria, Deputy City Attorney, and Rebekah Varela, Acting Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

### 1. REVIEW OF GOLDEN GATE RESTURANT ASSOCIATION V. CITY AND COUNTY OF SAN FRANCISCO

2. **DISCUSSION OF SPECIAL MEETING OF THE HEALTH COMMISSION**

D) Reconvene in Open Session

The Committee reconvened in open session at 5:10 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose discussions held in closed session.

## 7) ADJOURNMENT

The meeting was adjourned at 5:11 PM.

Rebekah R. Varela
Acting Executive Secretary to the Health Commission

**Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.**

fiscal branch of the AIDS Office into Finance under Anne Okubo. Jimmy is in full support of these changes and will be helping Barbara Garcia and me to implement them in the next two months.

California Public Health Association Conference

I have been asked to deliver a keynote address at the 2007 Joint Biennial Southern and Northern California Public Health Association Biennial Meeting in Los Angeles this Thursday. The Conference theme is, "New Beginnings for Public Health in California." I will be presenting information on the San Francisco's Health Access Program (HAP).

Good News for Covering Kids in San Francisco

The results of the 2005 California Health Interview Survey (CHIS) are now available. CHIS is a biennial survey of more than 45,000 California households on health and health access issues searchable at the county level. It is a collaborative project of the UCLA Center for health Policy Research, the California Department of Health Services, and the Public Health Institute. Once again, the survey shows that more than 99 percent of children ages birth through 18 have health insurance coverage. In 2005 CHIS shows coverage rates of 99.7 percent for San Francisco children; in 2003 it showed 99.2 percent coverage. This result helps confirm that San Francisco has achieved and is maintaining universal coverage for its children. In addition the survey shows that coverage for young adults age 19 through 24 increased from 80.9 percent in 2003 to 91.1 percent in 2005.

We are proud of the hard work of our eligibility workers and application assistants citywide who work to determine program eligibility and assist families with the paperwork required to enroll children and young adults into the proper program. We are also pleased that these results help confirm the importance of local programs like the Healthy Kids & Young Adults (HKYA) program in accomplishing universal coverage. Thank you to the hard working staff of the San Francisco Health Plan, our very capable partner in the (HKYA) program. More information is available at www.chis.ucla.edu.

AIDS Funding: Title I

We have received the Formula portion of the CARE Title I Award for FY 07-08 (3/1/07 - 2/28/08) $14,672,553. It is less than last year's Formula award by $772,240. We anticipate receiving the Supplemental award by 4/30/07 and anticipate a reduction of unknown amount. Last year's award was $12,520,071. The Title II award notification from the State should come around the same time. Last year's award was $1,256,928. The Minority AIDS Initiative (part of Title I) will be a competitive process with a separate application which will be awarded by August 1, 2007. Last year's award was $534,737.

CHART Data Public Today

Last week, the Commissioners received a memorandum regarding the California Hospital Assessment and Reporting Taskforce (CHART) data that were made public today. CHART was established in 2004 to develop a statewide hospital performance reporting system. Selected key aspects of hospital performance are measured and reported; and used to provide hospitals and clinicians with benchmarking data on which to base quality improvement efforts.San Francisco General Hospital rated well in almost all clinical aspects that were measured, especially in the areas of care of patients with Heart Attack Heart Failure, and Prevention of Pneumonia. The one clinical area that SFGH rated "poor" was Pneumonia care, and it was measured by whether patients with pneumonia were provided with antibiotics within a four-hour period from the time they present. As the only trauma center and the busiest Emergency Department in San Francisco, this has been a challenge for us. We have looked at our existing systems, identified barriers and are putting action plans in place to improve our performance in this area.

Project Homeless Connect, 2006 Statistics

The Department of Public Health has been on the front lines of Project Homeless Connect (PHC) since it began in 2004. Last month marked the 15th Project Homeless Connect event at Bill Graham Auditorium and the number of volunteers helping and those seeking services continue to grow. Project Homeless Connect recently released its statistics for 2006. I thought these impressive numbers might be of interest to the Commission.

Project Homeless Connect: 2006 in Review

- 8,659 people volunteered at PHC
- 9,738 clients came through the PHC door
- 1,970 people received benefits assistance (SSI, Food stamps, GA)
- 1,142 were screened for employment opportunities and 39 individuals were hired through Safeway, CBS Outdoor, and SF Department of Human Services
- 1,735 people received medical care
- 1,036 received legal assistance
- 560 received methadone treatment
- 1,096 dental screenings were performed
- 520 received mental health and substance abuse services
- 99,089 lbs of groceries were given away by the SF Food Bank
- 73 people were reconnected to family or friends through Homeward Bound
- 902 people are off the streets and provided shelter and housing

In addition to the list of accomplishments, PHC also was instrumental in attracting a large number of corporate sponsors that donated everything from jeans to eye glasses and food. We continue to support PHC and are grateful to the many employees who have spent countless hours helping to improve the lives of those who live on the street.

Chinese New Year Grand Marshal

Lisa O'Malley, Principal Environmental Health Inspector was asked by the Chinese Chamber of Commerce to serve as the Grand Marshall in the Chinese New Year Festival and Parade. Over the past several years, Ms. O'Malley and her staff have worked closely within the Chinatown community to help restaurant owners raise their level of awareness and compliance with the City's health and sanitation codes. As a result, health inspection scores in Chinatown have been steadily rising and a number of restaurants received the new Symbol of Excellence. Rose Pak nominated Ms. O'Malley for this honor. I know the Commissioners join me in congratulating Ms. O'Malley and her staff for this recognition and thank them for the work they continue to do to help many of the new restaurant operators in Chinatown learn about and comply with the City's food service regulations.

Pedestrian Safety: Walk Your Bike

At last month's Health Commission, I reported on the activities the Department is participating in regarding pedestrian and bicycle safety. I am attaching a recent clipping from the *Chronicle* and a copy of the "Walk Your Bike on the Sidewalk" posters that are being distributed in critical areas of the City.

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**
**Department of Public Health**

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

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Director of Health

**Rebekah R. Varela**
Acting Executive Secretary

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**Web Site:** http://www.sfdph.org

# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, March 20, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET**
**Room 300**
**San Francisco, CA 94102**

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***The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove*. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.**

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

**1) CALL TO ORDER**

**2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 6, 2007**
**Minutes of the meeting of March 6, 2007*

**3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

For Discussion and Approval

**3.1 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Westside Community Mental Health Center, in the amount of $6,690,227, which includes a 12% contingency, to provide Centers of Excellence services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2011 (4.5 years).
* Contract summary, Monitoring report summary, Response letter, Client demographic information form

For Approval

**3.2 DPH-STD Prevention & Control** – Request for approval of a retroactive renewal contract with UCSF – Stonewall/Magnet Project, in the amount of $128,800, which includes a 12% contingency, to provide STD & Syphilis testing and treatment to gay men and other men who have sex with men, for the period of January 1, 2007 through December 31, 2007 (1 Year).
* Contract summary, Monitoring report summary, Client demographic information form

**3.3 DPH-Policy & Planning** – Request for approval to retroactively accept and expend funds from the California Department of Health Services, Emergency Preparedness Office, for the project entitled HRSA Bioterrorism Hospital Preparedness Program, Year 5 Funding, in the amount of $448,960, for the period of September 1, 2006 through August 31, 2007.
* Grant summary, Grant information form

**3.4 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Westside Community Mental Health Center, in the amount of $470,400, which includes a 12% contingency, to provide out patient mental health services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 Years).
* Contract summary, Monitoring report summary, Response letter, Client demographic information form

**3.5 AIDS Office-HIV Prevention** – Request for approval of a retroactive contract with Catholic Health Care West – St. Mary's HIV Care Program, in the amount of $686,296, which includes a 12% contingency, to provide integrated HIV primary care services to individuals affected by HIV/AIDS, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **FY 2007-2008 BUDGET**
(Mitchell H. Katz, M.D., Director of Health)
**Budget*

6) **PUBLIC COMMENT/OTHER BUSINESS****

## 7) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

### Accessible Meeting Policy

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

### Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.Dc**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Rebekah R. Varela**
Acting Executive Secretary

**TEL (415) 554-2666**
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**Web Site:** http://www.sfdph.org

# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, March 20, 2007**
**At**
**3:00 p.m.**
**101 Grove Street**
**Room 300**
**San Francisco, CA 94102**

## 1) CALL TO ORDER

President Lee Ann Monfredini called the meeting to order at 3:12 p.m.

Present:
Lee Ann Monfredini, President
David J. Sanchez, Jr., Ph.D., Vice President
Edward A. Chow, M.D.
Catherine Dodd, R.N., Ph.D.c
Roma P. Guy, M.S.W.
James M. Illig
Markus Watson, D.D.S

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## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 20, 2007

Action Taken: The Health Commission approved the minutes without change.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Watson attended the Budget Committee meeting.

For Discussion and Approval

**3.1 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Westside Community Mental Health Center, in the amount of $6,690,227, which includes a 12% contingency, to provide Centers of Excellence services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2011 (4.5 years).
* Contract summary, Monitoring report summary, Response letter, Client demographic information form

*Secretary's Note:* Michele Long stated that it was the recommendation of DPH to hold over both item 3.1 to a May budget date as further information was needed prior to approval.

For Approval

**3.2 DPH-STD Prevention & Control** – Request for approval of a retroactive renewal contract with UCSF – Stonewall/Magnet Project, in the amount of $128,800, which includes a 12% contingency, to provide STD & Syphilis testing and treatment to gay men and other men who have sex with men, for the period of January 1, 2007 through December 31, 2007 (1 Year).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment:

- Commissioner Sanchez pointed out that the surveys received for the program were excellent and commended the program for their success.

**3.3 DPH-Policy & Planning** – Request for approval to retroactively accept and expend funds from the California Department of Health Services, Emergency Preparedness Office, for the project entitled HRSA Bioterrorism Hospital Preparedness Program, Year 5 Funding, in the amount of $448,960, for the period of September 1, 2006 through August 31, 2007.
* Grant summary, Grant information form

**3.4 AIDS Office-HIV Health Services** – Request for approval of a renewal contract with Westside Community Mental Health Center, in the amount of $470,400, which includes a 12% contingency, to provide out patient mental health services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through August 31, 2010 (3.5 Years).
* Contract summary, Monitoring report summary, Response letter, Client demographic information form

*Secretary's Note:* Michele Long stated that it was the recommendation of DPH to hold over both item 3.4 to a May budget date as further information was needed prior to approval.

**3.5 AIDS Office-HIV Prevention** – Request for approval of a retroactive contract with Catholic Health Care West – St. Mary's HIV Care Program, in the amount of $686,296, which includes a 12% contingency, to provide integrated HIV primary care services to individuals affected by HIV/AIDS, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

Public Comment:

- Mo Kashmiri, SEIU, stated that he understood that the agenda item had already been approved, and that he would work with staff and the Commission to resolve any issues regarding the contracting out of union work.

Commissioner Comment:

- Commissioner Chow asked for a clarification of the amounts listed under General Fund. Gregg Sass clarified that the first term of the contract was for 4 months, not 3 and that accounted for the amounts listed in the contract.
- Commissioner Chow stated that this was a program similar to CARE programs. He asked how this program interacts with CARE funds and programs. Michele Long stated that this program serves people that do not need as intensive a level of care as CARE clients. She added that these programs do not receive CARE dollars as there has been a reduction in funding.

Action Taken: The Commission passed the consent calendar with the exception of items 3.1 and 3.4 which will be held over to a future date. Commissioner Illig abstained from item 3.5.

## 4) DIRECTOR'S REPORT

Mitch Katz, MD, Director of Health presented the Director's Report.

### John Doe at SFGH

As reported in the news, San Francisco General Hospital is seeking assistance in identifying an unconscious patient. The patient was brought into SFGH Emergency Department on Thursday March 1st at approximately 9:30 pm by an unidentified Pastor/Minister. The hospital released the unidentified patient's photo to the media in hopes of finding out his identity. Many local news programs have run his photo with a story, along with national media, including the Today Show. Despite the media coverage and an ongoing investigation by SFPD, the patient's identity is still unknown.

### Daylight Savings Time Switch

On Sunday, March 11th Daylight Savings Time was initiated three weeks earlier than usual. This change of date required vendors of computer operating systems and applications to provide software "patches" to synchronize pre-programmed date changes. The DPH IT team received the required software from all vendors and applied them to our server and desktop computing infrastructure during the first week of March. All servers were successfully updated except for one device in the SFGH Cardiac Catheterization Lab which is still pending the upgrade from the system vendor, GE Medical Systems. Desktop computers were also successfully updated. The Department of Telecommunications and Information Systems (DTIS) which operates the City-Wide E-mail system, Lotus Notes, experienced difficulties with the update software provided by IBM Corporation, but all devices were fully updated by Monday morning. DPH computer users have been instructed to contact their Divisional IT Helpdesks to arrange for remediation of any additional problems.

### LHH Computer Virus Update

As reported in a recent Director's Report, the computer virus DPH experienced had a serious impact on the computers and system at Laguna Honda. We are entering our 8th week of remediation efforts. The server was sent to Texas to be rebuilt and arrived back at Laguna Honda last week. The vendor is installing some patches to remedy the final problems. Within the next two weeks, we anticipate the final fixes for all applications to be resolved. Access to personal and shared drives is nearly complete. One of the greatest challenges was scrubbing and re-imaging all of the personal computers. This is 90% complete with approximately 25-30 devices still in need of servicing. Many thanks to the IT staff who have been diligent in their efforts to get computers throughout the Department up and running.

Department of Justice (DOJ) revisits Laguna Honda Hospital

The Department of Justice is at Laguna Honda Hospital (LHH) this week. They initially visited LHH in 1997 and issued a findings letter recommending improvements in nurse staffing levels, rehabilitation therapy services, recommendations regarding the open wards in the old buildings, and community placements. LHH has been working cooperatively with the DOJ for the past ten years addressing many of the concerns. The last two visits in 2003 and 2005 have been focused on ADA integration issues and the placement of residents in least restrictive setting. We anticipate the DOJ will wrap up this visit tomorrow. Dr. Katz stated he will keep the Commission apprised of any findings that result from this visit.

DHS Issues Laguna Honda Hospital (LHH) a Citation

Following the unfortunate death of an 82 year old resident at LHH in October 2006, the California Department of Health Services (DHS) issued an AA citation to Laguna Honda Hospital this past week. Laguna Honda Hospital does not agree with the citation and has appealed the citation. We are deeply saddened by the loss of the resident and our deepest sympathy goes out to her family.

Project Homeless Connect Wins National Award

*Project Homeless Connect* has been selected by the National Association of Counties (NACo) as a winner in the 2007 Acts of Caring Awards Program. The Acts of Caring Awards recognize the top county volunteer programs in the country. An awards ceremony will be held in late April on Capitol Hill in Washington, D.C. Congratulations to everyone involved in this highly successful outreach program that has become a national model for connecting homeless individuals to vital services. Judith Klain leads the Department's involvement in the PHC outreach and volunteer efforts.

San Francisco Immunization Coalition

The Immunization Coalition Technical Assistance Network (IZTA) has announced that they have identified the San Francisco Immunization Coalition's (SFIC) ongoing four-year partnership with the San Francisco Giants as a "Promising Practice." The designation reflects an example of a successful collaboration in the name of immunization and will be shared with other members. The IZTA has featured SFIC's activities entitled "Hitting a Home Run for Immunization," on their website at http://www.izta.org/index.cfm.

The SFIC partnership with the San Francisco Giants will be continuing this year, focusing on preteen vaccination. The Marketing/Outreach Committee is planning an event at AT&T Park on the evening of August 6th to promote immunization for adolescents. We will keep the Commissioners advised of this event as it approaches.

Nutrition Month

Chinatown Public Health Center has collaborated with Ranch 99 supermarkets throughout the Bay Area to observe March as National Nutrition Month. The eight Ranch 99 supermarkets will be featuring healthy recipes and key nutrition messages in their newsletters this month. Special fruits and vegetables, soy products and other low fat food items will be featured on sale and shoppers will be encouraged to select foods from a variety of colors and flavors. Staff from Chinatown Public Health Center are also promoting healthy eating and physical activity through distribution of a brochure entitled, "*Eat Fruits & Vegetables and Walk 10,000 Steps a Day, Be Healthy All the Way!*"

Clean & Green

The Bureau of Environmental Health's Green Program staff is conducting workshops to help auto body shops in San Francisco reduce their pollution and use of toxics. Four workshops have been scheduled for regulators, city departments, auto body shop employees and even one for the auto body class at City College. The workshops are a result of a partnership with state and federal EPA. A representative from as far away as the Iowa Waste Reduction Center is also involved and is teaching new auto painting techniques/tools, with expenses paid by EPA. We have updated the Green Programs section of the website http://www.sfdph.org/eh/green/index_cg.htm to reflect the new opportunities.

UCSF Division of General Pediatrics To Receive National Award at PAS Meeting

The UCSF Division of General Pediatrics and the *Yes We Can* Urban Asthma Partnership Program have been named the recipient of the 2007 Ambulatory Pediatric Association (APA) Health Care Delivery Award, recognizing outstanding, innovative and effective programs that provide health care in the context of a teaching setting. The Yes We Can Urban Asthma Partnership is a medical/social model for pediatric asthma management based at San Francisco General Hospital that emerged in response to the rising health disparities in asthma care for children in San Francisco's most disadvantaged neighborhoods. This is an outstanding achievement and marks the first time the UCSF Division of General Pediatrics has been honored with this award. The award will be presented at the Pediatric Academic Societies (PAS) Annual Meeting in Toronto, Ontario in early May.

## *COMMUNITY HEALTH NETWORK*
## *SAN FRANCISCO GENERAL HOSPITAL*

## MARCH 2007
## Health Commission - Director of Health Report
## (From 03/12/07 MEC)

| | 03/07 | 07/06 to 03/07 |
|---|---|---|
| **New Appointments** | 12 | 155 |
| Reinstatements | 0 | 0 |
| **Reappointments** | 26 | 349 |
| Delinquencies: | 0 | 0 |
| Reappointment Denials: | 0 | 0 |
| **Resigned/Retired:** | 18 | 100 |
| Disciplinary Actions | 0 | 0 |
| Restriction/Limitation-Privileges | 0 | 0 |
| **Deceased** | 0 | 1 |
| **Changes in Privileges** | | |
| Additions | 4 | 40 |
| Voluntary Relinquishments | 0 | 30 |
| Proctorship Completed | 10 | 81 |
| Proctorship Extension | 0 | 1 |

| **Current Statistics – as of 03/1/07** | |
|---|---|
| Active Staff | **501** |
| Courtesy Staff | **578** |
| Affiliate Professionals (non-physicians) | **205** |
| **TOTAL MEMBERS** | **1,284** |

| | | |
|---|---|---|
| **Applications In Process** | **22** | |
| **Applications Withdrawn Month of March 2007** | **3** | **6 (07/06 to 03/07)** |

Commissioner Comment:

- Commissioner Illig asked for an update on the CARE Act formula. Jimmy Loyce stated they have not seen an official formula amount from HRSA and that the reduction stated from the CARE Coalition is an assumption until the formula amount is received from HRSA.
- Commissioner Dodd commended the department on their participation in the World TB Day Conference and on the Op Ed piece.

## 5) FY 2007-2008 BUDGET

Mitchell H. Katz, M.D., Director of Health and Gregg Sass, CFO presented the FY 2007-2008 presented the FY 2007-2008 Budget.

Please see attachment A.

Public Comment

- Winter Bledsoe, resident at Walden House. Wanted to say what a gift the program was and wanted to support Walden House.
- Antoinette Hand, resident at Walden House. Stated that she also would not have been able to make it in an out-patient setting and that a residential setting helped her to concentrate on solving her problems.
- Simon Warner stated that Walden House helped him regain his job function skills.
- Larry Nelson, Walden House employee, stated that he is surprised that residential treatment is on the block again. He added that residential services should be a choice. He added that 20% of their clients are not opiate users, so the Methadone van does not help them.
- Ewart Watson, resident at Walden House, stated that he needed a sober environment to be in so that he could have a place to get his life together.
- Rochelle Ransom with family, a graduate of Walden House. Walden House allowed her to work on her sobriety and to regain her children.
- John Hannon stated that Walden House has allowed him to have a safe place to sleep and has helped him improve his physical and mental health.
- Owen O'Sullivan, resident at Walden House on Treasure Island. He stated that this was a place for him to get help to be reunited with his family.

- Vitka Eisien, employee of Walden House, stated that there is a prison population crisis and that when that population is capped, there needs to be opportunity for recovery. She added that she can't imagine that the cost of methadone maintenance for her own 22 years of sobriety is less expensive than the residential beds.
- Joseph McWilliams stated that around 75% of crime committed is drug related and that reducing funds and opportunity for recovery will negatively affect San Francisco.
- Dr. Andre Campbell, SFGH Chief of Medical Staff, states there has been a dramatic increase in trauma victims and an increase in violent crime. He added that this increase strains the resources of the trauma center.
- Dr. JoEllen Brainin-Rodriguez, UCSF Psychiatric faculty, stated that there is a 25%-37% differential in salaries between UCSF doctors and those that work for the County. As a result, there is a high vacancy rate in psychiatric positions and that it jeopardizes the quality of care for psychiatric clients.
- Dr. John Rouse, UCSF Psychiatric faculty, stated that salary deficits are causing a huge exodus in psychiatric staff and that it is causing a back up in PES. He stated that this has caused PES to go on diversion, and that clients are being sent to the emergency room and spending time in restraints as a result.
- Dr. Kevin Mack, UCSF Psychiatrist, Director of Faculty, stated that the lack of salary equity is hurting recruitment under this shortage. He added that this is causing a staffing shortage that is hurting the reputation and quality of care at SFGH.
- Dr. Mark Leary, Deputy Chief of Psychiatry, stated that they do not have enough Psychiatrists to take care of either PES or out patient clients. He stated that he is simply asking for parity with CCSF psychiatrists. He also says that 6 more psychiatrists stated they would leave as of July 1st if parity is not reached.
- Dr. Sue Carlisle, SFGH Associate Dean, stated that she hopes the Commission sees the dedication of the staff, and that the salary disparities are not only in psychiatry, but also in primary care, family medicine, internal medicine. She stated that they are in a crisis in regards to doctor recruitment.
- Bobby Kochamp, patient at Friendship House, asking that DPH not cut funding for substance abuse programs.
- Jesse Holder, patient at Friendship House, stated that with the help of Friendship House he has learned about himself and his culture.
- Krista Gramps, patient at Friendship House, stated that she was able to achieve 6 months of sobriety because of Friendship House and that they have given her life back.
- Marlene Frank, patient at Friendship House, here to support not cutting funds for recovery.
- Doug Rohan stated that Friendship House is a healing center. He stated that there is no gain in cutting funding for recovery.
- Tony Flores, resident at Friendship House. She stated that she was homeless, and that Friendship House helped her regain her life.
- Julian Galarza, Sr., stated that cutting funding for residential services is a death sentence for addicts.
- Andrew Rojas, resident at Friendship House, stated that the staff at Friendship House staff has helped him become a good man today.
- Brian Tripp, a recovering addict, stated that he has been sober for 3 months and that Friendship House has provided him a new familiarity with his own culture. He stated that not only would he like the funding not to be cut, but also to be increased.
- Bonnie Lou Feld stated the SAGE House provides a safe place for sexually exploited teenage girls in San Francisco, who are essentially orphans in our city. She would like to advocate for continued funding for these services.

- Corey Drew, client of SAGE, stated that there are not enough services for male survivors of abuse. SAGE has helped him stay clean for a year and address his trauma. He stated that any funding for these programs would be appreciated.
- Patricia Davis, graduate of SAGE, stated SAGE helped her deal with her issues of grief and loss. Today she is a staff member at Jalani House. Stated that if this was a disease effecting children we would help and she doesn't understand why services would be reduced.
- Nick Grace stated that SAGE helped him deal with his addiction and trauma. Asked for continued funding for this program.
- Nancy Heilner, Clinical Director of SAGE, stated SAGE provides integrated care with staff who understands the issues clients are experiencing. She stated SAGE is one of the few places clients can go to feel safe and understood, and also to deal with both substance abuse and sexual exploitation. Stated intensive in-patient care is cost effective.
- Francine Braae, SAGE, stated that the clients that they have are victims whom they are hoping to turn into survivors. She also stated that SAGE is a place where people can talk and be heard and understood.
- Kelly Tyne stated that male survivors are underserved and that not one dollar is spent on victims with co-occurring diagnosis of substance abuse and childhood sexual abuse.
- Tom Morris stated that SAGE has given him a place to feel and be safe and that he never had that growing up. He stated without SAGE he probably wouldn't be alive today.
- Hugh Ottagan stated he is a survivor of sexual assault and that boys get abused and we don't talk about it. He stated that there are not enough services for boys.
- Rita Shimmin, Associate Executive Director of Programs at Glide, requesting fiscal support for their multiple diagnosed clients.
- Harry (no last name) stated that he also was a victim of abuse and that Glide has taught him how to live and that the staff has helped him deal with this.
- Pat Dennehy, Practice Director at Glide, works with a powerhouse group on Glide nursing services. She asked that the Commission see Glide as a holistic practice and that they were hard hit by the loss of HAFCI funding.
- Susan Schneider, MSW, asking for support for the transition unit at LHH.
- Dale Thomas, MSW at LHH for 18 years, asking for support for the transition unit at LHH.
- Goldy Devary, a nurse screener with the Admissions Unit, asking for support for the transition unit at LHH.
- Dr. Lisa Pasqual stated that the transition process is quite intense. Asking for support for the transition unit at LHH.
- Pat Skala, here to ask for support in request for two additional IT staff.
- Dave Woods, head of Pharmacy LHH, here to support the request of two additional IT staff and that this is a basic patient care request.
- Pamela Ketzel, Nursing Manager LHH,
- Dr. Lorraine Killpack, Chief of Psychiatric Care, wants to speak in favor of the two IT positions that they desperately need.
- Client from HAFCI, stated that CCSF has a policy of treatment on demand and that this has not been achieved. He added that if 60 beds are cut, they are gone forever. He also stated that methadone is not considered treatment.
- Dr. Allan Forhman, HAFCI, stated that residential beds are a more intensive level of care and that you are providing services for different people. He stated that by working with clients in house, they get them to get treatment on all types of issues including physical care.
- Regina Grant, Center Manager for Smith House, stated that because of residential treatment she has been able to be a mother to her child and a friend to herself. She stated that she can't imagine how these cuts will affect people.

- Julie Leadbetter, People's Budget, representing small programs that are providing harm reduction programs. Stated it is imperative that harm reduction services are provided by the city as they are not funded by the federal or state governments.
- Mary Howe, Director of the Homeless Youth Alliance, a program run by all formerly homeless youth. She stated that this would cut half their staff and does not reflect the needs of our community.
- Emalie Huriaux, Harm Reduction Coalition, the only full time staff at her program (DOPE). Here to support all of the substance abuse and harm reduction services that are up for cuts this year.
- Mark Stanford, SEIU 1021, here to talk about the cost of doing business, and that while they applaud the concept he doesn't feel the amount is sufficient but that it is a building block that they will work with.
- Merrill Bice, Human Services Network, wanted to commend Commission on including an increase in the cost of doing business. She urged the Commission to fully fund the cost of doing business. She added that they support the outpatient psychiatric care idea but did not support cut in residential substance abuse beds.
- Richard Heasly, Connor House. He stated that they support the outpatient psychiatric care idea but did not support cut in residential substance abuse beds.
- Carmen Herlihy and Lannie Jurkiewiez with the SFGH and 5N Women's Clinic. Here to advocate for the Centering Pregnancy program.
- Leah Morrison, Midwife, SFGH, stated that these fiscal cuts would drastically effect the stability of the Centering Pregnancy program.
- Annette Jagers, Worker Comp Clinic, stated that there has been a change in the law that allows for the clinic to provide a medical provider network. She added that they are seeking additional ways to increase clinic revenue.
- Perry Zinnanti, Director Redwood Center, disagreed that methadone was the best way to treat people with opiate addiction. Here to support in-patient care.
- Margaret Gold, Executive Director from Jelani Inc. in the Bayview, stated that she depends on a lot of the people who spoke today as MOU's to support their continuum care. She added that she needs the Commission to support her care partners.
- Carlina Hansen, Executive Director of the Women's Community Clinic, requested the refunding of the Women's Community Clinic.

Commissioner Comment

- Commissioner Sanchez commended the speakers for their comments and congratulated the chair for keeping the hearing positive.
- Commissioner Dodd asked if DPH would be doing directly observed treatment with the new positions. Dr. Katz replied that we are.
- Commissioner Dodd stated that she felt this was a budget that was like the Titanic, women first. She also stated that DPH does not require physicians, a traditionally male profession, to create the same level of revenue as nurses and that this was another manner of institutional sexism.
- Commissioner Dodd stated that DPH should look at the evaluation of the programs that are funded by BOS add-backs, like every other program. She would also like to see how these programs fit into other DPH programs.
- Commissioner Sanchez stated that one of the frustrations of the budget process is that, for example, with the Harm Reduction Coalition, DPH can not evaluate a program that has only been in operation for 2 months. He added that this makes it very difficult to rank those programs that are priorities.

- Commissioner Guy stated that this process is much more orderly than it was 5-7 years ago. She added that we are talking about general fund money and that should reflect what the priorities are of the public. She stated that this is a good thing and that it is part of the dance. She also stated that DPH has always had add-backs and that they need to look at add-backs earlier next year.
- Commissioner Guy stated that the IT issue at LHH needs to be addressed and that the Commission needs to support the IT expansion. She also stated that the UC affiliation agreement needs to be looked at in the future.
- Commissioner Guy stated that the Epidemiologist II position should be under Structural, as it is to provide core public health functions and she appealed to the Commission to support this assessment unit.
- Commissioner Guy and Commissioner Monfredini stated that the Mobile Mammogram Van was donated by UCSF and that the whole program has been cut. She stated that we need not only a driver, but a health educator as well.
- Commissioner Illig stated that he wanted to talk about the HAP and wanted to know how cuts will affect the uninsured. He stated that he would be looking at the reductions DPH is making and also taking into account particularly the directive from the Mayor to limit new positions. He stated that he does not accept the areas of structural, regulatory and inflationary as assumptions.
- Commissioner Chow stated that the budget presentations were very clear this time and that he thanked Commissioner Illig for looking for fat in the base. He added a caveat, that he felt the nursing positions were critical at LHH. He added that it is the role of the Commission to reflect priorities in the community and to guide the City in their discussions.
- Commissioner Chow stated that he liked the point in the resolution that stated that the Commission would be involved in appropriating further revenues.
- Commissioner Chow stated that from a public health perspective, he did not understand why we don't pursue the most rapid testing for both HIV and TB.
- Commissioner Chow asked about the drop-in center add-back. Barbara Garcia stated that Supervisor Daly had committed to funding the sobering center with HAFCI.
- Commissioner Dodd stated in relation to the Epidemiologist II position that she hopes this will drive the planning process for future budgets.
- Commissioner Dodd asked that DPH add a line in the resolution that reflects that the Disaster Response requirements are new and how that affects the budget.
- Commissioner Guy agreed with Commissioner Dodd regarding Disaster Response and also wanted to support the creation of a framework for looking at health disparities.
- Commissioner Sanchez also supported the creation of a framework for looking at health disparities and stated that the UC affiliation agreement is a partnership. He added that most UC positions are not state funded and that the majority of outside dollars are going towards basic bio-medical research.

Action Taken: The Commission approved the request to hold the next budget hearing on April 17th. Commissioner Chow opposed.

## 6) PUBLIC COMMENT

- Dr. Ahimsa Porter-Sumchai here to provide a statement on toxic dust in the Bayview. She requested that DPH provide a trained health staff-person to speak to the press about these issues in the Bayview. She also stated that the Health Commission has the power to act on this issue and that a lawsuit was filed Friday regarding health issues sustained from this toxic dust. In addition, she added that this was a case of environmental racism and that health issues in the Bayview have been long standing.

- Douglas Yep, SFGH employee, stated that he would like to learn more about the computer virus problem at SFGH and how this affects worker safety.

## 7) ADJOURNMENT

The meeting was adjourned at 7:55 PM.

Rebekah R. Varela
Acting Executive Secretary to the Health Commission

**Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.**

**HEALTH COMMISSION**

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**Department of Public Health**

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Director of Health

**Rebekah R. Varela**
Acting Executive Secretary

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**Web Site:** http://www.sfdph.org

# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, April 17, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET**
**Room 300**
**San Francisco, CA 94102**

11:35 a.m. msf
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17/07

***The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove.*** ***The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.***

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 20, 2007**
**Minutes of the meeting of March 20, 2007*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

For Discussion and Approval

**3.1 AIDS Office-HIV Prevention** – Request for approval of a new sole source contract with Larkin Street Youth Services, to provide HIV community planning process services, in the amount of $120,000, which includes a 12% contingency, for the period of April 15, 2007 through June 30, 2007 (2.5 months).
* Contract summary, Monitoring report summary, Client demographic information form

**3.2 AIDS Office-HIV Prevention** – Request for approval of a retroactive new contract with Glide Foundation, in the amount of $174,697, which includes a 12% contingency, to provide counseling, testing, and linkages services, for the period of March 1, 2007 through June 30, 2008 (1.4 years).
* Contract summary, Monitoring report summary, Client demographic information form

**3.3 DPH-STD Prevention & Control** – Request for approval of a retroactive new contract with PHFE Management Solutions, in the amount of $347,014, which includes a 12% contingency, to provide fiscal intermediary services to provide staff support for HIV Prevention Services which include; Health Education and Risk Reduction, Prevention with Positives, and Partner Counseling and Referral Services, for the period of January 1, 2007 through December 31, 2008 (2 Years).
* Contract summary, Monitoring report summary, Client demographic information form

**3.4 PHP-Communicable Disease Control & Prevention** – Request for approval to accept and expend a new grant from Metta Fund and to enter into a new contract with PHFE Management Solutions, in the amount of $299,750, to undertake pandemic influenza planning and outreach projects, for the period of July 1, 2007 through June 30, 2008.
* Calendaring memo, Grant information form, Budget pages

**3.5 PHP-HUH** – Request for approval of a new sole source contract with Tides Center, in the amount of $5,176,112, which includes a 12% contingency, to provide property management services at six Direct Access to Housing sites, for the period of July 1, 2007 through June 30, 2008 (1 year).
* Calendaring memo

**3.6 BHS** – Request for approval of renewal contract with MedImpact Healthcare Systems, Inc., in the amount of $6,173,469, which includes a 12% contingency, to provide pharmacy benefit management and Patient Assistance Program services to access low-cost medications for indigent clients, for the period of July 1, 2007 through June 30, 2008 (1 year).
* Calendaring memo, Monitoring report summary, Client demographic information form

For Approval

**3.7 PHP-Community Health & Safety Services, Public Health Laboratory** – Request for approval to retroactively accept and expend funds from the California Department of Health Services, Division of Communicable Disease Control, for the Public Health Laboratory Director Training Program, in the amount of $300,655, for the period of April 1, 2007 through March 31, 2009.
* Calendaring memo, Grant information form, Budget pages

**3.8 AIDS Office-HIV Prevention** – Request for approval of a retroactive contract modification with Tenderloin Health, in the amount of $705,600, which includes a 12% contingency, for the provision of HIV Prevention Services providing needle exchange services for youth in San Francisco, for the period of July 1, 2006 through December 31, 2008 (2.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

**3.9 AIDS Office-HIV Prevention** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $160,349, which includes a 12% contingency, to provide fiscal intermediary support for the Post Marketing Surveillance Project, PDA (Personal Digital Assistance) Project, and IDU Risk Assessment Project, for the period of January 1, 2007 through June 30, 2007 (6 months).
* Contract summary, Monitoring report summary, Client demographic information form

**3.10 CHN** – Request for approval of a contract modification with Turnstone Consulting, in the amount of $471,317, to provide Air Medical Access Project: Phase II environmental analysis consultation services, for a total contract of $835,317, for the period of March 1, 2004 through December 31, 2007 (3.83 yrs).
* Calendaring memo

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR ACTION:** **PRESENTATION OF THE FY 2007-2008 BUDGET AND CONSIDERATION OF A RESOLUTION**
(Mitchell H. Katz, M.D., Director of Health)
**Budget and Resolution*

6) **PUBLIC COMMENT/OTHER BUSINESS****

7) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

## Accessible Meeting Policy

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

## Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

## San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

## Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.Dc**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Rebekah R. Varela**
Acting Executive Secretary

**TEL (415) 554-2666**
**FAX (415) 554-2665**

**Web Site: http://www.sfdph.org**

# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, April 17, 2007**
**At**
**3:00 p.m.**
**101 Grove Street**
**Room 300**
**San Francisco, CA 94102**

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## 1) CALL TO ORDER

President Lee Ann Monfredini called the meeting to order at 3:14 p.m.

| | |
|---|---|
| Present: | Lee Ann Monfredini, President<br>David J. Sanchez, Jr., Ph.D., Vice President<br>Catherine Dodd, R.N., Ph.D.c<br>Roma P. Guy, M.S.W.<br>James M. Illig<br>Markus Watson, D.D.S |
| Absent: | Edward A. Chow, M.D. |

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 20, 2007

Action Taken: The Health Commission approved the minutes without change.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Watson attended the Budget Committee meeting.

For Discussion and Approval

**3.1 AIDS Office-HIV Prevention** – Request for approval of a new sole source contract with Larkin Street Youth Services, to provide HIV community planning process services, in the amount of $120,000, which includes a 12% contingency, for the period of April 15, 2007 through June 30, 2007 (2.5 months).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment:

- Commissioner Sanchez commended Larkin Street Youth Services for their consistent high level of service.
- Mr. Loyce thanked the Budget Committee for their work with the AIDS Division and with himself, as this will be his last meeting with the Health Commission. Commissioner Sanchez stated that Mr. Loyce provided great leadership to the AIDS Division and commended him for his service to the San Francisco Department of Public Health.

**3.2 AIDS Office-HIV Prevention** – Request for approval of a retroactive new contract with Glide Foundation, in the amount of $174,697, which includes a 12% contingency, to provide counseling, testing, and linkages services, for the period of March 1, 2007 through June 30, 2008 (1.4 years).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment:

- Commissioner Sanchez stated that he is glad to see this program expanding and to see how this service has allowed for new service pathways.

**3.3 DPH-STD Prevention & Control** – Request for approval of a retroactive new contract with PHFE Management Solutions, in the amount of $347,014, which includes a 12% contingency, to provide fiscal intermediary services to provide staff support for HIV Prevention Services which include; Health Education and Risk Reduction, Prevention with Positives, and Partner Counseling and Referral Services, for the period of January 1, 2007 through December 31, 2008 (2 Years).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment:

- Commissioner Sanchez stated that the monitoring report has been commendable.

**3.4 PHP-Communicable Disease Control & Prevention** – Request for approval to accept and expend a new grant from Metta Fund and to enter into a new contract with PHFE Management Solutions, in the amount of $299,750, to undertake pandemic influenza planning and outreach projects, for the period of July 1, 2007 through June 30, 2008.
* Calendaring memo, Grant information form, Budget pages

Commissioner Comment:

- Commissioner Sanchez asked what the Metafund is. John Tran responded that Metafund is based in Marin and is made up of private donations. He added that this project has already been funded in Marin County.

**3.5 PHP-HUH** – Request for approval of a new sole source contract with Tides Center, in the amount of $5,176,112, which includes a 12% contingency, to provide property management services at six Direct Access to Housing sites, for the period of July 1, 2007 through June 30, 2008 (1 year).
* Calendaring memo

Commissioner Comment:

- Commissioner Sanchez thanked Tides for being a good partner of DPH.

**3.6 BHS** – Request for approval of renewal contract with MedImpact Healthcare Systems, Inc., in the amount of $6,173,469, which includes a 12% contingency, to provide pharmacy benefit management and Patient Assistance Program services to access low-cost medications for indigent clients, for the period of July 1, 2007 through June 30, 2008 (1 year).
* Calendaring memo, Monitoring report summary, Client demographic information form

Commissioner Comment:

- Commissioner Sanchez stated that he was particularly impressed with the outcome objectives and commended the program.

**3.7 PHP-Community Health & Safety Services, Public Health Laboratory** – Request for approval to retroactively accept and expend funds from the California Department of Health Services, Division of Communicable Disease Control, for the Public Health Laboratory Director Training Program, in the amount of $300,655, for the period of April 1, 2007 through March 31, 2009.
* Calendaring memo, Grant information form, Budget pages

Commissioner Comment:

- Commissioner Sanchez stated that he was impressed with the scope of this project and added that this is an excellent first step.

**3.8 AIDS Office-HIV Prevention** – Request for approval of a retroactive contract modification with Tenderloin Health, in the amount of $705,600, which includes a 12% contingency, for the provision of HIV Prevention Services providing needle exchange services for youth in San Francisco, for the period of July 1, 2006 through December 31, 2008 (2.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment:

- Commissioner Sanchez asked if the findings by the Department have been addressed. Ms. Packer stated that they had.

**3.9 AIDS Office-HIV Prevention** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $160,349, which includes a 12% contingency, to provide fiscal intermediary support for the Post Marketing Surveillance Project, PDA (Personal Digital Assistance) Project, and IDU Risk Assessment Project, for the period of January 1, 2007 through
June 30, 2007 (6 months).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment:

- Commissioner Sanchez asked if this program was working in the schools. Ms. Packer stated they worked in schools with and without wellness centers to provide condoms for HIV prevention.

**3.10 CHN** – Request for approval of a contract modification with Turnstone Consulting, in the amount of $471,317, to provide Air Medical Access Project: Phase II environmental analysis consultation services, for a total contract of $835,317, for the period of March 1, 2004 through December 31, 2007 (3.83 yrs).
* Calendaring memo

Commissioner Comment:

- Commissioner Sanchez asked when this project would be completed. Mr. Villalva stated that he anticipated the publishing of this report by the end of the calendar year. Commissioner Sanchez stated that he looks forward to seeing the end product.

Action Taken: The Commission passed the consent calendar. Commissioner Dodd abstained from item 3.2.

## 4) DIRECTOR'S REPORT

Mitch Katz, MD, Director of Health presented the Director's Report.

Infectious Disease Emergency Response (IDER) Draft Plans
The San Francisco Department of Public Health has drafted plans for addressing an infectious disease emergency in San Francisco. Infectious disease emergencies are circumstances caused by biological agents—including organisms such as bacteria, viruses or toxins—with the potential to cause significant illness or death in the population. Situations when this plan may be utilized include naturally occurring outbreaks (e.g., measles, mumps, meningococcal disease), emerging infectious diseases (e.g., SARS, pandemic influenza), and bioterrorism.

The Communicable Disease Control & Prevention (CDCP) Section recently presented this plan at a roundtable session at the National 2007 Public Health Preparedness Summit in Washington, DC. Currently, the draft core plan is available for public comment and to share with local public health colleagues and partners on our website at www.sfdph.org/cdcp. Feedback is welcome through March 22, 2007. The plan is State Emergency Management System (SEMS), National Incident Management System (NIMS) and Incident Command System (ICS) compliant.

Staff from the CDCP Section also presented several posters at the national summit regarding our specific planning activities related to pandemic influenza, clinician outreach, isolation and quarantine planning, epidemiology field team "go-kits," avian flu surveillance, and mass prophylaxis exercise evaluation.

Hep B Free Campaign to Target Asian Pacific Islanders
On Wednesday, April 25th, San Francisco Department of Public Health, the Asian Liver Center at Stanford University and the *Asianweek* Foundation, are launching a campaign to turn San Francisco into the first Hepatitis B free city in the United States. This year-long campaign—***Be Sure, Be Tested, Be Free***-- will provide convenient, free or low-cost testing venues at healthcare settings and local events to screen, vaccinate and treat all San Francisco's Asian and Pacific Islander (API) residents of Hepatitis B (HBV).

APIs have the highest risk of HBV of any ethnic group, with an infection rate of 100 times that of Caucasian Americans. Asian and Pacific Islander residents of San Francisco comprise 34% of the city's population and bear a disproportionate burden of liver disease and liver cancer as a result of undetected chronic hepatitis B infection.

The San Francisco Hep B Free campaign includes advertisements in local ethnic publications that communicate the importance of getting tested for Hepatitis B. The advertisements will conclude with the campaign tagline, ***Be Sure, Be Tested, Be Free,*** that will direct audiences to talk to their primary care provider or contact the Asian Liver Center at Stanford University at 1-888-311-3331 for general information where someone who will be able to converse in Chinese, Korean or Vietnamese. The campaign's website, www.SFHepBfree.org which will launch later this month.
Healthy Development Measurement Tool Website Launched

The Program on *Health, Equity and Sustainability* within the Environmental Health Section of DPH has launched www.TheHDMT.org, the website for the Healthy Development Measurement Tool (HDMT.) We envision the new website as a voluntary assessment tool providing San Francisco residents, community organizations, and public agencies with a source of data on neighborhood and city conditions that are important to healthy living. The site also provides San Francisco with a set of metrics to assess how well urban projects, plans, and policies promote community health.

The Healthy Development Measurement Tool is organized around seven elements that comprise a *"Healthy City"*. These elements include environmental stewardship; sustainable and safe transportation; public safety; public infrastructure; adequate and healthy housing; health economy; and, community participation.

Users of the website should expect that for any given project or plan application, the HDMT will reveal trade-offs between positive and negative effects. Currently, the site only provides San Francisco data. I invite the Commissioners to visit the website to see all of the features it offers.

Food Security Task Force
The Food Security Task Force has released a report entitled, "Food Security for All: A Strategic Plan to End Hunger in Our City." The report examines the availability of food assistance resources, identifies challenges and barriers that these programs face, and proposes goals, along with an action plan to address the issue of hunger and food security for all residents of San Francisco. The San Francisco Food Security Task Force was established at the request of Supervisor Sophie Maxwell to find strategies to ensure that all citizens of San Francisco obtain a nutritionally adequate, culturally acceptable diet through local non-emergency sources. A copy of the report is attached for your review.

Newcomers Health Program Featured in Chronicle
Community Health Promotion and Prevention's Newcomers Health Program work with asylees was highlighted in an article in the *San Francisco Chronicle* on March 27th. The article describes the challenges and successes in locating asylees from diverse parts of the world who are recently granted asylum. Staff from the Newcomers program conduct this outreach to assist asylees in accessing the services and benefits they are eligible for, and to encourage them to receive comprehensive health assessments at Family Health Center's Refugee Medical Clinic. Patricia Erwin directs the Newcomers Health Program. I am attaching a copy of the *Chronicle* article.

### New Commissioner of Agriculture and Sealer of Weights and Measures

I am pleased to announce the appointment of Scott Paulsen as the Commissioner of Agriculture and Sealer of Weights and Measures for the City and County of San Francisco.

Mr. Paulsen joins us after a decade at the State of California Department of Pesticide Regulation where he was responsible for pesticide use enforcement programs statewide. The office of the Commissioner of Agriculture is located in the Environmental Health Section, reporting to Dr. Rajiv Bhatia.

Mr. Paulsen will be responsible for implementing several mandatory programs critical to health and economic vitality in the City and State. Agricultural programs include oversight of farmer's markets, monitoring for domestic and exotic agricultural and horticultural pests and implementation of the State's pesticide safety laws. The Commissioner of Agriculture brings a much needed connection to the State's agricultural community, promoting healthy nutrition and connecting our urban markets to California's abundant fresh fruits and vegetables.

I hope you will join me in welcoming Mr. Paulsen to our Department and invite you to share your interest in the goals and objectives of our newest set of responsibilities.

### STD Awareness Month

April is STD Awareness Month and the STD Prevention Division has planned a number of activities throughout the City to encourage testing and treatment, especially among teens and young adults and adult gay and bisexual men. Programs and outreach will occur in the Bayview Hunters Point, at San Francisco State University, on the street in the Tenderloin and in gyms and clubs in the Castro. STD staff have also distributed "Get Tested" buttons to CHN clinical staff to wear during STD Awareness Month.

### Silver Avenue Open House

Silver Avenue Family Health Center is hosting an Open House on Friday, May 4, from 1-4 p.m. to celebrate the $1.2 million improvements that have been made over the past 18 months. Visitors and patients at Silver Avenue will see a number of ADA improvements throughout the Health Center, including a new elevator, upgraded restrooms on the first and second floors and new signage and hardware. Five new exam rooms, which will allow us to double patient capacity, are now equipped with ADA exam tables. Finally, a new fire and safety alarm system has been installed throughout the building, ensuring the safety and protection of our patients and staff. I hope the Commissioners will join me at the Silver Avenue Family Health Center for a tour of the facility and to congratulate the staff on this long-anticipated milestone.

### Staff Selected to Represent DPH for Project Homeless Connect National Award

Last month we announced that *Project Homeless Connect* had been selected by the National Association of Counties (NACo) as a winner in the 2007 Acts of Caring Awards Program. The Acts of Caring Awards recognize the top county volunteer programs in the country. I am pleased to report that Barbara Garcia and Judith Klain will be traveling to Washington, DC later this month to accept this award on behalf of the role that DPH staff and volunteers have played in this extraordinary program. Congratulations to everyone involved in the recognition of this highly successful outreach program.

# COMMUNITY HEALTH NETWORK
# SAN FRANCISCO GENERAL HOSPITAL
## APRIL 2007
## Health Commission - Director of Health Report
## (From 04/09/07 MEC)

| | 04/07 | 07/06 to 04/07 |
|---|---|---|
| **New Appointments** | 7 | 167 |
| Reinstatements | 0 | 0 |
| **Reappointments** | 29 | 375 |
| Delinquencies: | 0 | 0 |
| Reappointment Denials: | 0 | 0 |
| **Resigned/Retired:** | 14 | 118 |
| **Disciplinary Actions** | 0 | 0 |
| **Restriction/Limitation-Privileges** | 0 | 0 |
| **Deceased** | 0 | 1 |
| **Changes in Privileges** | | |
| Additions | 5 | 44 |
| Voluntary Relinquishments | 2 | 30 |
| Proctorship Completed | 5 | 91 |
| Proctorship Extension | 0 | 1 |

| **Current Statistics – as of 04/1/07** | |
|---|---|
| Active Staff | 500 |
| Courtesy Staff | 572 |
| Affiliate Professionals (non-physicians) | 206 |
| **TOTAL MEMBERS** | 1,278 |

| | | |
|---|---|---|
| **Applications In Process** | 30 | |
| **Applications Withdrawn Month of April 2007** | 0 | 9 (07/06 to 04/07) |
| **SFGH Reappointments in Process May 2007 to Aug. 2007** | 196 | |

Commissioner Comment:

- Commissioner Monfredini thanked John Kanaley, Commissioner Dodd and all the LHH staff for their excellent presentation at the BOS on Monday.

## 5) FY 2007-2008 BUDGET

Mitchell H. Katz, M.D., Director of Health and Gregg Sass, CFO presented the FY 2007-2008 presented the FY 2007-2008 Budget.

Please see attachment A.

Public Comment

- Dr. Talmadge King, Chief of Medical Services for SFGH, requested that the Health Commission fully fund the UC Affiliation Agreement to maintain staff recruitment and a high level of patient care.
- Dr. Alan Gelb, Chief of Emergency Services for SFGH, stated that he is having trouble recruiting physicians to the emergency department and asked that the affiliation agreement be fully funded.
- Dr. Jeff Critchfield stated that SFGH pipes providers into other areas of DPH and that this can only be maintained by fully funding the affiliation agreement.
- Dr. Kevin Grumbach, Family Practice at SFGH, stated that SFGH can not recruit the doctors they want serving San Francisco's residents at current salaries.
- Dr. Sue Carlisle stated that the affiliation agreement needs to be fully funded and that SFGH salaries are 25% below other community medical providers and that they are only 1/3 of private sector salaries.
- Saniko Togafall, Site Director with United Playaz/Youth Power here to advocate for retaining funding for anti-violence and substance abuse programs. She added that she has seen progress with the programs she runs.
- Greg Claybron, Youth Power, asked that Youth Power retain funding. He stated that one of their projects was to replace negative ads with positive images.
- Carlos Mejia stated that he believes investing in youth is investing in peace and requests continued funding for youth programs.
- Roohi John, SFGH CARE, here from the Breast Education Group. She stated that health education allows there to be a place to ask questions about her health and were she is supported.
- Michele Laskowski, SFGH CARE, stated that all of CARE's programs are important and wants to advocate for the theater therapy group.
- James Garrett, SFGH CARE, stated that programs allow post treatment options for companionship for clients at SFGH.
- Tai Chan, SFGH CARE, here to support CARE project. She stated that the program taught her about nutrition and treatment options. She also added that she me a lot of other Chinese cancer patients. Her translator added that there were approximately 20 other monolingual Chinese patients here to support CARE.
- Josephine Wong, SFGH CARE, here to support SFGH CARE programs which helped her with depression and gave her confidence in her recovery.
- Idel D'Orleans, SFGH CARE, a breast cancer survivor, stated that CARE helped her deal with issues from breast cancer and met others who also were dealing with cancer.
- Bill Sorro, SFGH CARE, stated that CARE helped him deal with isolation and is requesting that the Health Educator be funded and the program stay intact.
- Ron Santos, SFGH CARE, was diagnosed with breast cancer and stated that Blue is a great facilitator and asked that funding be maintained.

- Caron Rainey, a breast cancer patient, stated that CARE helped with stress and that she participated in the Aricelli Theater Group and has now decided to go into health care.
- Etelvina Guevarra, a brain cancer patient, had a long period of treatment for cancer and was alone in SF. She stated that she found support with CARE.
- Zenaida Fernandez, a colon cancer patient, went to CARE group to find others who also have the same fears and hopes. She stated that Blue has been a big support. She asked for maintained funding for CARE.
- Blue Walcer, SFGH CARE, stated that medically underserved cancer patients need care that is accessible and appropriate. She stated that she supports the mammovan, but stated that there needs to be care after diagnosis. She added that the CARE program is award winning and crucial to patient care.
- Gloria Hernandez, STAR Center, asked for continued funding for SAGE and stated that SAGE has helped her with everything including housing.
- Norma Hotaling, SAGE, stated SAGE has a sacred door, their door, and that their clients have been through the worst of life's experience. Asked that items K-12 and J-8 be funded.
- Julia Guzman, former client of SAGE since the age of 15, stated that SAGE helped her get out of her situation and that the safe house would have been a great resource for her.
- Tom Morris, stated that SAGE has changed his life on a daily basis and asked for restored funding for male survivor programs.
- Allison McGillivray, a volunteer and former client at SAGE, now a graduate student, stated that SAGE addresses the whole person and are programs that need to maintain funding.
- Dina Smith stated that substance abuse programs would not address her prostitution issues and that only SAGE was able to help.
- Maria Oduyemi, part of the STAR program, here to support SAGE funding. She stated if there had been resources for her earlier she would have sought them out.
- Francine Braae, Program Director, SAGE, here to ask for restored funding for SAGE programs for abused women and teens.
- Kelly Tyne here to support funding for youth and male services. She stated that they were written out of a CBHS contract for the STAR program and are the only male service provider.
- Ana B. Gutierrez, SAGE, stated that SAGE helped her get diagnosed with depression and helped her deal with violence and sexual molestation. She asked for maintained funding.
- Kim Benedetto, SAGE, stated that exploitation comes in different forms and that SAGE helped her deal with her alcoholism and exploitation. She requested maintained funding.
- Corey Drew, a male survivor of childhood sexual violence, since become a client of SAGE, he has been able to address his underlying issues. He requested funding for male services.
- Gregory Maillet, Walden House counselor, here to request continued funding for residential substance abuse programs. He stated that Walden House provides hope for clients.
- Jori Schlecht, Walden House graduate and facilities manager, stated that residential treatment was the only thing that worked for her. She requested maintained funding for residential treatment.
- Rod Libbey, Walden House, stated that cuts reduce about 240 inpatient and 390 outpatient beds with the contingency plan, and about 1880 treatment options. He stated that only 20% of clients are opiate users and asked that funding be maintained.
- Arturo Carrillo, Walden House alumni, read a letter that stated that Walden house helped him get his health and life back.
- Diana Taylor, NP at Women's Clinic, urged the reinstatement of funding. Stated she was also representing Carlina Hansen.

- Vanessa Marquez, here to ask that DPH continue to support uninsured women and allow WCC to provide care for them.
- Leah Morrison asked that the Commission not cut services to women, specifically outreach services for the most marginalized women in the city.
- Elizabeth Sarano, health care attorney and voluntter NP at Women's Community Clinic, asked that funding be maintained for WCC.
- Linda Muller, PHN, here to speak against cuts for Health at Home public health nurses. She presented photos and stories of past and current clients.
- Ellen Sakaloff, PHN, stated that HAH is social work and nursing services and that it is disgraceful that these cuts are up again.
- Carlos Salazar, PHN for 14 years, stated that his PHN's can find other jobs in DPH, but the clients will not be served. He urged maintained funding.
- Rebecca King Morrow, PHN, stated that DPH has systematically dismantled the PHN staff and that they were divided into MCH and Chronic Care. She stated it is outrageous that these positions are being cut in a time of a surplus.
- Miriam Alber, PHN with HAH, concerned about the fate of her current clients and stated that they need more resources in chronic care, not less.
- Willie Lewis, CATS, here to support residential treatment, asked for funding not to be cut.
- Marcos Gasca, counselor at Redwood Center, stated that cutting funding would cripple his ability to help clients.
- George Winkel, resident at Golden Gate Senior Center, here to support residential treatment.
- Cyrus Carter, CATS, thanked the Commission for previous years of support and stated that their services are in increased demand as the population ages. He stated that CATS also provides continued education.
- Nicole Johnson, CATS here to advocate for continued funding and stated that CATS is working to break the cycle of addiction.
- Bill Siewert, CATS Board Member, and prior client, stated that CATS gave him a wonderful life and that his prosperity is not unique. He asked for continued fiscal support.
- Willie Hall, resident at Redwood House, which has helped him become a CNA. He asked for continued funding.
- Rich stated that Redwood House helped him get custody of his children. He asked for maintained funding.
- Janet Goy, ED of CATS, stated that her programs are very successful and is here to advocate for residential, in-patient and mental health care. She stated that the key to success is back end services.
- Rosalind Delisser, NP, Mission ACT, stated that they have culturally, linguistically and medically diverse services. She asked for consideration for Mission ACT.
- Galileo Medrano stated that Mission ACT is an intensive case management program that is comprehensive, and stated that they get very high utilizers and save the county money over the long term.
- Gladys Soto, Assistant ED of Mission Council, stated that they have provided substance abuse services for 29 years to any client who needs it. Stated she is here to support mental health, substance abuse services and the organizations that have been working on integration with CBHS. She added that they are also one of the only monolingual services in SF.
- Michael Saunter, Mission ACT, stated that there isn't a good understanding of who their clients are and that they are hard to work with, but that they will serve everyone.
- Shannon Riley, RN with Mission ACT here to advocate for harm reduction programs.
- Carla Wilson, Quan Yin Arts Center, here to remind everyone that the HIV care network in SF is unique and request support for item J-7.

- Joanna Chestnut, Epiphany Center, stated that her programs help families to stay together and requested support for substance abuse programs for women and children.
- Stacey Blankenbaker, DCYF, here to present facts on school based wellness centers. She stated the effectiveness of their programs is well documented.
- Kavoos Bassiri, RAMS Inc, here to ask for funding for new wellness centers. She states that she hopes the contingency fund is not implemented and that it seems to focus on BHS.
- Blake Ulveling, DOPE project, stated that they teach harm reduction in the community and that 1 person every 3 days dies of heroin overdose. He urged funding for their programs.
- Emalie Huriaux, DOPE/HRC, stated that DOPE is the only overdose project in SF and urged funding for harm reduction programs.
- Scott Swick here to support the Homeless Youth Alliance. He stated that a lot of kids in the Haight are in pain and HYA helps them better themselves and that Mary Howe is an angel.
- Valerie Gruber, Stimulant Treatment Outpatient Program, stated that without funding they will have to close. She urged funding for substance abuse services and harm reduction programs.
- Ed Warshauer, SEIU 1021 stated that he is enthusiastic about the HAP program funding an stated that he will be working to buffer DPH from cuts.
- Mary Howe, HYA, stated that there is no other program that provides the services they do and is urging the continued funding of Homeless Youth Alliance programs.

Commissioner Comment

- Commissioner Monfredini thanked all of the speakers for their time and efforts.
- Commissioner Monfredini stated that she would like to send the budget in whole to City Hall and urge them to use the surplus to keep the DPH budget intact. She stated that all the programs are all valuable and that the money exists, it just has to be used.
- Commissioner Illig stated that there are over 300 positions added in the budget and the Mayor's instructions were to limit new positions. Mr. Sass responded that the numbers of added positions are relatively low compared to the other city departments and that many of the new positions are in the HAP and for SFGH nursing ratios.
- Commissioner Dodd proposed moving section K-LHH items to the structural portion of the budget because it is a more appropriate place to put it and with all of the attention from agencies like the DOJ and DHS, now is the time to make the improvements. Commissioner Dodd also recommended increasing hours for nursing time to 4.1.
- Commissioner Dodd also stated that she did not believe that the PHN's were an addback. She stated that the eliminating these services is eliminating a unique perspective on health. She also added that HAH is not a replacement for chronic care case management visits.
- Commissioner Illig supported the proposal put forth by Commissioner Monfredini and said that he still takes issue with the double bite of the apple in the UC agreement. Dr. Katz explained that there are two types of workers in the agreement, professional non-medical staff who do not receive any enhanced value for working at SFGH and the medical faculty who receive the benefit of a teaching hospital. Commissioner Illig stated that he is looking for parity in the treatment of contractors, and that UC is a contractor like anyone else.
- Commissioner Guy asked Dr. Katz what his assessment and perspective is on submitting a resolution that refused cuts. Dr. Katz replied that there is no issue around the contingency as the resolution was written to say that the Health Commission rejects those cuts. Regarding the base budget, Dr. Katz stated that he doesn't know what the result will be, as the message has not changed that if DPH does not make the cuts, City Hall will.

- Commissioner Sanchez stated that the most frustrating issues are that even if there are no cuts, DPH is not providing care up to the level that the data states should be provided to the City. He stated that it is astounding that we are dismantling our centers of excellence and that we should be working towards increasing our capacity for care.
- Commissioner Dodd read a proposed resolution into the record as attached.

Action Taken: The Commission approved the resolution as attached.

## 6) PUBLIC COMMENT

- Lisa Lightman with the Superior Court here to inform the Health Commission about the success of the Drug Court programs and asked to maintain funding.
- Marv Wozra, operator of a Cannabis Club, recommended reverting to verifiable recommendations for cannabis prescriptions.
- Shonna Gochenaur, Axis of Love SF, stated that CCSF is the only jurisdiction that requires the medical cannabis identification cards and supports instead the verifiable recommendation from medical providers. She added that this will help maintain access to medical marijuana for the vulnerable populations.
- Vince Turner, Axis of Love SF, stated that having to register for a state ID card can and has caused problems with access to federal subsidized housing.
- David Cohen, Axis of Love SF, stated that federal agencies can access state records in regards to the stated ID card program. He added that this can negatively affect housing, employment, etc.
- Henry Jones, Axis of Love SF, requested that verifiable recommendations be accepted at Cannabis Clubs.
- Rommie Whittaker stated that state ID card fees are a form of taxation without representation.
- Denise Dorey, Axis of Love SF, requested that the Commission endorse verifiable recommendations.
- Naomi Finkels, Axis of Love SF, is an ADA Coordinator and stated that medical privacy issues are disabled rights issues and is opposed to the state ID card.
- Russell Kyle, Americans 4 Safe Access, stated that Cannabis Clubs are a safety net for people who are isolated and that access should be expanded.
- Jonathon Deaver stated that in regards to the state ID cards, one should be required to register with an agency that does not support the mission of access to medical marijuana.
- John Rebel asked for support for verifiable recommendations.

## 7) ADJOURNMENT

The meeting was adjourned at 8:05 PM.

Rebekah R. Varela
Acting Executive Secretary to the Health Commission

**Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.**

# MESSAGE FROM THE DIRECTOR OF HEALTH ON FY 07-08 BASE BUDGET AND CONTINGENCY PLAN

## Introduction

On March 20th we presented the base budget for the Department of Public Health for FY 07-08.

On April 1, the Mayor's Budget office advised us of the need develop a contingency plan to further reduce our General Fund subsidy by an additional 3%. A 3% reduction would reduce our General Fund subsidy an additional $9.4 million. This additional contingency reduction is necessary because pf the possibility that the Board of Supervisors will appropriate current year General Fund surplus to fund supplemental appropriations which would reduce the amount available to balance the budget for FY 07-08. We are therefore submitting a contingency plan for your consideration.

Following is a high level summary of changes to our base budget, the proposed contingency plan, and unfunded initiatives. The budget returns $8.1 million to the General Fund from the base budget and an additional $4.1 million from the contingency plan.

| Category | 3/20 Presentation | 4/17 Presentation | Change |
|---|---|---|---|
| Regulatory | ($2,827,783 | ($2,827,783) | $0 |
| Inflationary | (7,687,901) | (7,687,901) | 0 |
| Revenue Neutral | 1,017,606 | 1,017,606 | 0 |
| Health Access Program | 0 | 35,031 | $35,031 |
| Subtotal | ($9,498,078) | ($9,498,078) | $35,031 |
| Revenues | $20,027,572 | $20,027,572 | $0 |
| Subtotal | $10,529,494 | $10,529,494 | $0 |
| Structural | ($10,449,134) | ($10,788,167) | ($339,033) |
| Reductions | $7,228,690 | $8,320,209 | $1,091,519 |
| Base Budget | $7,309,050 | $8,096,568 | $787,517 |
| Contingency Plan | $0 | $4,081,424 | $4,081,424 |
| Unfunded Initiatives | $22,250,061 | $28,179,971 | $5,929,910 |

Following is a discussion of each of the sections summarized above.

### Health Access Program

With the approval of our application under the Health Care Coverage Initiative, the Department is able to present its first year budget for the Health Access Program (HAP), which will be launched in a phased manner in July 2007. The award provides funding for both services and administrative costs for a three-year period beginning September 1, 2007. Services funding totals $73.12 million (or $24.37 million a year) and allowable administrative funding totals $5.66 million over the three-year period. Services and administrative funding under HCCI are provided to the Department based on a claiming mechanism (i.e., the Department incurs and documents health services and administrative expenditures that are subsequently reimbursed at 50% of costs). The Department anticipates that HCCI will provide revenue in the 2007-08 year of $18.28 million (time period September 2007 – June 2007; assumes that 90% of allowable services funding will be received). This will be in addition to the $244.18 million in funding that is currently used to provide health services to uninsured persons.

Funding for the HAP is comprised of City and County General Fund, Health Care Coverage Initiative dollars, fees from participants and any contributions from employers that elect to participate in the HAP. These revenues enable the Department to expand clinical services, and enhance our registration and information systems to better serve our patients. In addition, the Department will be able to fund HAP program and administrative services that will be provided by the San Francisco Health Plan. Following is a high level summary of first year costs. Additional detail is included in items F1 – F20, attached.

| Cost Category | Amount |
|---|---:|
| Clinical Expansion Costs | $11.31 million |
| Delivery System Innovation Costs | $2.07 million |
| Patient Access Costs | $4.74 million |
| Administrative Costs | $4.93 million |
| Total Estimated New Costs | $23.05 million |
| Estimated New Revenues | $23.09 million |
| Net | $0.04 million |

### Structural Issues

We have made corrections to the salary budget at Laguna Honda Hospital for positions that have been reclassified in FY 2006-07 (E19). We have also increased our workorder budget for additional costs identified since our last meeting (E16). We have included funding for a driver for our Mammovan (E6) previously associated with an expired grant. We recognize the need to fund the professional fees associated with funding the driver of the van is properly included as a structural cost and cannot be avoided. As several Commissioners pointed out, it would make no sense to have a mobile mammogram without a driver.

| Category | 3/20 | 4/17 | Change |
|---|---|---|---|
| Department Wide Work Orders (E16) | $424,712 | $673,035 | $248,323 |
| LHH correction to budget to reflect reclassifications that have already occurred (E19) | 77,041 | 109,501 | 32,460 |
| Mammovan driver (E6) | 0 | 58,250 | 58,250 |
| Total | | | $339,033 |

**Reductions**

We have revised the methodology and savings associated with the expansion of the prescription co-payment (G-2). This initiative will expand the co-payment requirement in the SFGH Outpatient Pharmacy and contracted network pharmacies to include all clients except those on general assistance and clients who are homeless. While the copay for preferred medications remains at $5, we propose to increase co-payment for non-preferred and non-formulary drugs to $25 per prescription. We would also assess the $25 co-pay for most non-prescription items including nutritional supplements, drugs used for hormone replacement therapy, and selected high cost formulary agents for which lower cost formulary alternatives are available. The copay would not apply to insulins, anti-psychotics, and antibiotics for acute infections. We believe this will reduce pharmacy cost as patients opt for lower cost medications and generate additional point of service revenues.

We have established a new co-payment for certain outpatient specialty and diagnostic services to uninsured patients whose income level is over 100% of the Federal Poverty Level (FPL). The copay would also be assessed for non-emergent services provided in the Emergency Room and in the Urgent Care Clinic. In addition to generating additional revenue, this initiative will create a financial incentive for patients to access services in our clinics (G-3).

| Category | 3/20 | 4/17 | Change |
|---|---|---|---|
| Pharmacy Co-payment (G2) | $1,357,699 | $1,906,246 | $548,547 |
| Outpatient specialty and non-emergent care Co-payments (G3) | 0 | 542,972 | 542,972 |
| Total | | | $1,091,519 |

**Contingency Plan**

In order to balance the base budget and meet targeted reductions to our use of General Fund, it was necessary to propose cuts to substance abuse services, inpatient and outpatient psychiatry services, and eliminate public health nurses assigned to chronic care. Therefore, we have even more difficulty identifying additional reductions to meet the contingency plan. Necessarily, our focus must be on services that rely on General Fund support. We hope that the Citywide budget can be balanced without implementing these cuts, however, should it be necessary to implement additional reductions to achieve a balanced budget, we have identified the following additional reduction initiatives. These initiatives fall short of the $9.4 million requested.

| **Proposed Reduction** | |
|---|---|
| Eliminate remaining funding for the SRO Collaboratives serving 1,800 unduplicated clients annually. | $833,770 |
| Close Mission Assertive Community Treatment Facility and transition 100 clients to lower levels of service. | 410,881 |
| Reduce outpatient substance abuse services which will decrease service to approximately 1,271 unduplicated clients (32,600 units of service). | 1,583,000 |
| Limit Safety Net Services for Uninsured Adults to the Seriously Mentally ill. This will reduce service to an estimated 994 clients. This will necessitate an amendment to the Administrative Code which requires a single standard of care. | 1,253,773 |
| Total | $4,081,424 |

A copy of the contingency plan submitted to the Mayor's Budget Office accompanies this report.

**Funding Requested in Excess of Base Budget**

Following is a summary of changes to our listing of unfunded initiatives:

| | 3/20 | 4/17 | Change |
|---|---|---|---|
| Expired Grants | $5,201,188 | $10,842,938 | $5,641,750 |
| Addbacks | 2,928,323 | 2,928,323 | 0 |
| New Initiatives | 14,120,550 | 14,408,710 | 288,160 |
| Total | $22,250,061 | $28,179,971 | $5,929,910 |

Expired Grants

We are projecting a $5.7 million reduction in CARE funding for 2007-08 from $27.9 million to $22.2 million. The CARE grant is comprised of a formula and supplemental award. We have been notified of a $772,240 reduction to the CARE formula award, which represents a 5% reduction compared to the prior year. Although we have not yet been notified of our supplemental award, we are now anticipating an additional cut of up to $5 million. This estimate is based on our expectation that we will continue to receive approximately 5% of supplemental funding as we have in the past, which funding, on a national level, is expected to decline by 50%. If we continue to receive 5% of the reduced award, funding for 2007-08 would decline by an additional $5 million.

In addition, as discussed above, we have reclassified the cost of the Mammovan driver into the base budget for a reduction of $58,250. The cost of the health educator for the Mammovan remains in our listing of expired grants.

| | 3/20 | 4/17 | Change |
|---|---:|---:|---:|
| AIDS CARE reduction | $0 | $5,700,000 | $5,700,000 |
| Mamovan Driver | 171,284 | 113,034 | (58,250) |
| Total | $171,284 | $5,813,034 | $5,641,750 |

Unfunded Initiatives

We have made two revisions to our listing of unfunded new initiatives.

- We have added a request for additional P103 nursing support to the serial inebriate program. Based on the experience of San Diego's Program, which is the model adopted for the development of the San Francisco proposal, there will be an increase in intoxicated individuals brought to the county jail. To address the additional health needs, this proposal would add funding to support "on-call" registered nursing hours as part of the workorder with the Sheriff for Jail Health. Assuming the costs are added to our workorder, this change is cost neutral to the Department.
- At the request of the Department of Children Youth and Families (DCYF), we have added an additional funding request. DCYF is proposing to implement the final four Wellness Centers in the remaining four comprehensive high schools that don't yet have one. A Wellness Center is a high school campus drop-in center providing students with access to health, behavioral health and other services. Previously, DCYF funded the behavioral health component of each Wellness Center. However, in FY 07-08, DCYF has requested that DPH fund the behavioral health component for the remaining four sites, or approximately $80k per school for a total of $320k which is offset by $32k in revenues. The behavioral health services are provided by a non-profit agency, so the funding would be an expansion of contractual services.

| | 3/20 | 4/17 | Change |
|---|---:|---:|---:|
| Serial Inebriate Program (K11) | $654,966 | $654,966 | $0 |
| Wellness Centers (K8) | 0 | 288,160 | 288,160 |
| Total | $654,966 | $943,156 | $288,160 |

**Conclusion**

We are submitting a two draft resolutions for your consideration. The first resolution is to approve submission of the FY 07-08 base budget and the second is to accompany submission of the contingency plan.

# HEALTH COMMISSION
# City and County of San Francisco
## Resolution No. 01-07

## APPROVING THE SUBMISSION OF THE DEPARTMENT OF PUBLIC HEALTH'S BASE BUDGET FOR FISCAL YEAR 2007-08

WHEREAS, the City and County of San Francisco is facing a $26 million shortfall for fiscal year 2007-08 and the Mayor's Budget Office has required that Departments submit budgets that reduce their General Fund subsidy by 3%; and

WHEREAS, the projected cost of this reduction is $9.66 million; and

WHEREAS, the Department has identified $22.4 million in increases in its base budget including regulatory, inflationary and structural issues that are funded by increased revenues; and

WHEREAS, we have included the increased costs of doing business for our community partners and the University of California as part of our inflationary increases covered by our revenues; and,

WHEREAS, the Department has identified $3.4 million in reductions and policy changes; and,

WHEREAS, this budget does not include $10.8 million of expired grants which include $0.7 million in disaster planning grants which were in response to terrorism and which represent a new cost to local governments as federal grants expire, requiring a City-wide plan; or $6.4 million in AIDS grants and earmarks including an anticipated $5.7 million in CARE Act funding; and,

WHEREAS, the Department has also been unable to fund $11.5 million of enhancements for vital services; and,

WHEREAS, the Health Commission has a responsibility to maintain safety net health and public health services for San Francisco's most vulnerable residents; and,

WHEREAS, the Health Commission is opposed to any cuts in current services; and now, therefore, be it

RESOLVED, that the Health Commission approves submission of the Department of Public Health's base budget for fiscal year 2007-2008 to the Mayor's Office; and, be it

FURTHER RESOLVED, that the Health Commission strongly urges the Mayor and the Board of Supervisor to identify additional resources to support existing services and essential enhancements especially the need for epidemiologic assessment and planning to decrease ethnic disparities in San Francisco; and, be it

FURTHER RESOLVED, that the Health Commission strongly urges the Mayor and the Board of Supervisors to consider the impact of approving new general fund supplemental budget items that will jeopardize the continuation of our safety net and vital services.

I hereby certify that the San Francisco Health Commission at its meeting of April 17, 2007 adopted the foregoing resolution.

Rebekah Varela

Rebekah Varela
Executive Secretary to the Health Commission

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**
**Department of Public Health**

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.Dc**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**Mitchell H. Katz, M.D.**
Director of Health

**Rebekah R. Varela**
Acting Executive Secretary

**TEL (415) 554-2666**
**FAX (415) 554-2665**

**Web Site:** http://www.sfdph.org

# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, May 1, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET**
**Room 300**
**San Francisco, CA 94102**

1/07

2:35 p.m. msf

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***The Budget Committee of the Commission will consider the consent calendar on this agenda at 1:30 p.m. at 101 Grove**. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.*

*Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.*

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 17, 2007**
**Minutes of the meeting of April 17, 2007*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

For Discussion and Approval

**3.1 DPH Central Administration** – Update on contracting issues – contractor satisfaction survey

**3.2 DPH Central Administration** – Request for approval of a resolution extending the terms of Fiscal Year 2006/07 contracts through the first six months of Fiscal Year 2007/08.
* Calendaring memo, Health Commission resolution, Lists of Vendors

**3.3 DPH Central Administration** – Request for approval of revised FY 07/08 Patient Rates for services provided by San Francisco General Hospital, Laguna Hospital, Primary Care Clinics, Community Mental Health Services, Community Substance Abuse Services and the Department of Public Health.
* Request memo, Proposed Rates, Board of Supervisors Ordinance

**3.4 PHP-Community Behavioral Health Services** – Request for approval of a resolution authorizing the Department of Public Health, Community Behavioral Health Services to enter into a four-year Combined Net Negotiated Amount and Drug Medi-Cal Agreement with the California State Department of Alcohol and Drug Programs, in the amount of $55,825,476, for the period of July 1, 2007 through June 30, 2010.
* Request memo, Summary

For Approval

**3.5 PHP-BEHM** – Request for approval of a contract modification with General Environmental Services, in the amount of $194,400, for a new amount of $414,400, which includes a 12% contingency, to provide hazardous waste management and transportation services, for the period of August 1, 2004 through June 30, 2008 (3.92 years).
* Contract summary, Monitoring report summary

**3.6 PHP-BEHM** – Request for approval of a contract modification with Veolia Environmental Services, LLC, in the amount of $210,840, for a new amount of $568,340, which includes a 12% contingency, to provide hazardous waste management and transportation services, for the period of August 1, 2004 through June 30, 2008 (4 years).
* Contract summary, Monitoring report summary

**3.7 PHP-BEHM** – Request for approval of a contract modification with Raibon and Colbert Associates, Inc., in the amount of $180,000, for a new amount of $280,000, which includes a 12% contingency, to provide hazardous waste management and transportation services, for the period of April 1, 2005 through June 30, 2007 (3.25 years).
* Contract summary, Monitoring report summary

**3.8 CHPP** – Request for approval of a contract renewal with AmeriChoice, in the amount of $428,062, which includes a 12% contingency, to provide fiscal intermediary services to Personal Assisted Employment (PAES) dental services, for the period of July 1, 2007 through June 30, 2008 (1 year).
* Contract summary, Monitoring report summary, Client demographic information form

**3.9 CHN-SFGHMC Nursing Operations** – Request for approval of seven (7) contract modifications with the following firms: Agostini Medical Staffing, Arcadia Health Services, Inc. dba Arcadia Staff Resources, Crdentia Corporation, HRN Services, Inc., Medstaff, Inc., Nurse Providers, Inc. and Professional Resource Enterprises, Inc. dba United Nursing International, to increase the shared contract amount by $750,000, from $2,700,000 to $3,450,000, to provide supplemental, temporary Per Diem and Traveling nursing personnel services for San Francisco General Hospital Medical Center, for the period of July 1, 2006 through June 30, 2007 (12 months).
* Contract summary, Rate pages

**3.10 BHS** – Request for approval of a retroactive contract modification with Tenderloin Health, in the amount of $73,436, to add substance abuse services targeting methamphetamine users in San Francisco. Total amount of contract is $274,794, including 12% contingency for the period of July 1, 2006 through December 31, 2007 (18 months).
* Contract summary, Monitoring memo, Client demographic information form

**3.11 CHN–San Francisco General Hospital, Health at Home –** Request for approval to accept and expend retroactively a new grant from the Institute on Aging in the amount of $578,842 for the San Francisco Department of Public Health, Health at Home to provide comprehensive nursing case management, physical therapy and occupational therapy home safety evaluations, and nursing consultations, for the period of April 1, 2007 through June 30, 2009.
* Request memo, Grant information form, Budget pages

**4) FOR DISCUSSION: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

**5) EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MARCH**

**6) FOR ACTION: YOUTH ADVISORY BOARD RESOLUTION**
(Michael Baxter, Health Program Coordinator)
**Resolution*

**7) FOR DISCUSSION AND ACTION: HEALTH ACCESS PROGRAM BUDGET RESOLUTION**
(Gregg Sass, Chief Financial Officer and Tangerine Brigham, Deputy Director of Health)
**Resolution*

**8) PUBLIC COMMENT/OTHER BUSINESS****

**9) ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

## Accessible Meeting Policy

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

## Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

## San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

## Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, May 1, 2007**
**At**
**3:00 p.m.**
**101 Grove Street**
**Room 300**
**San Francisco, CA 94102**

## 1) CALL TO ORDER

Vice President David Sanchez called the meeting to order at 3:10 p.m.

Present: Lee Ann Monfredini, President
David J. Sanchez, Jr., Ph.D., Vice President
Edward A. Chow, M.D.
Catherine Dodd, R.N., Ph.D.c
Roma P. Guy, M.S.W.
James M. Illig
Markus Watson, D.D.S

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## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 17, 2007

Action Taken: The minutes were approved without change.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Chow chaired and Commissioner Sanchez and Commissioner Watson attended the Budget Committee meeting.

For Discussion and Approval

**3.1 DPH Central Administration** – Update on contracting issues – contractor satisfaction survey

Commissioner Comment:

- Commissioner Watson asked who would be conducting the face-to-face interviews. Anne Okubo responded that program staff will conduct the face-to-face negotiation and that this will hopefully streamline the contractor certification process. She added that this is only the first step in speeding this up.
- Commissioner Sanchez stated that this survey has confirmed the need to come to consensus on the items that need to be worked on and that the ability to work as partners is the goal. He also added that repeating the survey may help see improvements in the future and that hopefully fences that have been put up in the past have been now removed.
- Commissioner Chow stated that there should be a resurvey but that if the survey is changed, we will not be able to see improvement. A concern with this, however, is the major change in the AIDS office structure. He proposed that perhaps instead of having the question of whether there is a problem with culture competency, that there is a question of how the new process is working, for example.
- Commissioner Chow clarified that the next report will be to the full Commission. Anne Okubo confirmed that this was the case.
- Commissioner Watson stated that it is important to figure out why only 22% of contractors responded to the survey and that it will increase the value of the data. He recommended that email also be used to conduct the survey.
- Commissioner Chow stated that the difference between the large and small contractors is an important issue. He asked how DPH should be meeting these needs. Mr. Bassiri replied that it is important to do outreach with smaller programs as they have limited resources and time to respond to surveys. Commissioner Chow also asked for future information on the size of the contract versus the size of the contractor. Debbie Lerman responded that the first question is the size of the contract and also that it is important to find out what section contractors are in.
- Commissioner Illig asked when the next presentation regarding contracting issues would be. Commissioner Monfredini and Sanchez responded that it would be in two months to the full Commission.

Public Comment:

1. Kavoos Bassiri stated that this has created a much more collaborative process and wanted to congratulate the efforts of DPH and HSN. He added that there is already a feeling of positive change. He asked that this survey be annual and that it delve deeper into the issues. He also stated that the feedback process was commendable. At the same time, he stated that he wanted to highlight that there are negative scores and that there are several issues that need to be addressed.
2. Debbie Lerman, Human Services Network, stated that she wanted to thank both the Commission and Anne Okubo for their work on this project during a very busy time of year. She added that she was struck with how much these comments reflected what was brought to the Commission previous to the study. She added that questions number 14 reflected that 53% had problems with certifications. She recommended that with these types of results, that follow up surveys delve into, for example, what problems contractors have with certifications. She added that they are very optimistic with what work is going on with DPH and that they are very excited.

**3.2 DPH Central Administration** – Request for approval of a resolution extending the terms of Fiscal Year 2006/07 contracts through the first six months of Fiscal Year 2007/08.
* Calendaring memo, Health Commission resolution, Lists of Vendors

Commissioner Comment:

- Commissioner Chow asked to confirm that this list would get smaller due to ongoing 18-month contracts. Ms. Okubo confirmed that this was the case and that this resolution will be brought to the Budget Committee in upcoming years, but that the lists will become shorter and shorter.
- Commissioner Chow asked about the UC contracts not having 18-month contracts. Ms. Okubo responded that UC is offered 18-month contracts like all contractors, but they prefer 12-month contract cycles.

**3.3 DPH Central Administration** – Request for approval of revised FY 07/08 Patient Rates for services provided by San Francisco General Hospital, Laguna Hospital, Primary Care Clinics, Community Mental Health Services, Community Substance Abuse Services and the Department of Public Health.
* Request memo, Proposed Rates, Board of Supervisors Ordinance

Commissioner Comment:

- Commissioner Watson asked if the prices are increased 10% every year. Gregg Sass responded that a consultant report recommended increases based on similar agency pricing. He also added that most clients will not see this increase and that this does not drastically increase revenues due to limits to billing from such bodies as MediCal and MediCare.

**3.4 PHP-Community Behavioral Health Services** – Request for approval of a resolution authorizing the Department of Public Health, Community Behavioral Health Services to enter into a four-year Combined Net Negotiated Amount and Drug Medi-Cal Agreement with the California State Department of Alcohol and Drug Programs, in the amount of $55,825,476, for the period of July 1, 2007 through June 30, 2010.
* Request memo, Summary

Commissioner Comment:

- Commissioner Chow asked about the change in process. Mr. Stillwell stated that legislation has been passed that removes the City Attorney's Office from the signing process for this risk liability document, and that this has streamlined the process.

For Approval

**3.5 PHP-BEHM** – Request for approval of a contract modification with General Environmental Services, in the amount of $194,400, for a new amount of $414,400, which includes a 12% contingency, to provide hazardous waste management and transportation services, for the period of August 1, 2004 through June 30, 2008 (3.92 years).
* Contract summary, Monitoring report summary

**3.6 PHP-BEHM** – Request for approval of a contract modification with Veolia Environmental Services, LLC, in the amount of $210,840, for a new amount of $568,340, which includes a 12% contingency, to provide hazardous waste management and transportation services, for the period of August 1, 2004 through June 30, 2008 (4 years).
* Contract summary, Monitoring report summary

**3.7 PHP-BEHM** – Request for approval of a contract modification with Raibon and Colbert Associates, Inc., in the amount of $180,000, for a new amount of $280,000, which includes a 12% contingency, to provide hazardous waste management and transportation services, for the period of April 1, 2005 through June 30, 2007 (3.25 years).
* Contract summary, Monitoring report summary

Commissioner Comment:

- Commissioner Dodd asked if we charge back the cost of hazardous waste removal. Dr. Katz stated that DPH negotiates with other departments every year.

**3.8 CHPP** – Request for approval of a contract renewal with AmeriChoice, in the amount of $428,062, which includes a 12% contingency, to provide fiscal intermediary services to Personal Assisted Employment (PAES) dental services, for the period of July 1, 2007 through June 30, 2008 (1 year).
* Contract summary, Monitoring report summary, Client demographic information form

**3.9 CHN-SFGHMC Nursing Operations** – Request for approval of seven (7) contract modifications with the following firms: Agostini Medical Staffing, Arcadia Health Services, Inc. dba Arcadia Staff Resources, Crdentia Corporation, HRN Services, Inc., Medstaff, Inc., Nurse Providers, Inc. and Professional Resource Enterprises, Inc. dba United Nursing International, to increase the shared contract amount by $750,000, from $2,700,000 to $3,450,000, to provide supplemental, temporary Per Diem and Traveling nursing personnel services for San Francisco General Hospital Medical Center, for the period of July 1, 2006 through June 30, 2007 (12 months).
* Contract summary, Rate pages

**3.10 BHS** – Request for approval of a retroactive contract modification with Tenderloin Health, in the amount of $73,436, to add substance abuse services targeting methamphetamine users in San Francisco. Total amount of contract is $274,794, including 12% contingency for the period of July 1, 2006 through December 31, 2007 (18 months).
* Contract summary, Monitoring memo, Client demographic information form

Commissioner Comment:

- Mr. Stillwell stated that this program has been very successful and that they have learned to make some social and ethnic distinctions that allow for more effective approach to methamphetamine users. He stated that they also found where social and ethnic distinctions do not matter. He added that this program has been successful in a primary care setting.
- Commissioner Watson asked what the outcome objectives were for this project. Mr. Stillwell stated that there are interim outcome objectives and that they will be forwarded to the Commissioners.
- Commissioner Watson asked if this project was renewable, and if so, what the outcome objectives were for renewal. Mr. Stillwell stated that this grant was not renewable and that the outcome objectives are designed for the whole 3-year grant cycle.

**3.11 CHN–San Francisco General Hospital, Health at Home** – Request for approval to accept and expend retroactively a new grant from the Institute on Aging in the amount of $578,842 for the San Francisco Department of Public Health, Health at Home to provide comprehensive nursing case management, physical therapy and occupational therapy home safety evaluations, and nursing consultations, for the period of April 1, 2007 through June 30, 2009.
* Request memo, Grant information form, Budget pages

Commissioner Comment:

- Commissioner Chow asked what the Community Living Fund was and where the funding was coming from. Kathy Eng stated that the purpose of the Community Living Fund is to serve those populations that are most at risk for institutionalization. Commissioner Chow asked if this was a city fund. Ms. Eng stated that she believes that it is and that the Department of Aging and Adult Services administer the fund.
- Commissioner Chow asked to confirm that HAH felt best about having the Institute of Aging being the lead agency. Kathy Eng confirmed that it was.
- Commissioner Guy asked if item 3.11 regarding HAH is an expansion of the program. Kathy Eng stated that this is an expansion as these new clients are being referred through the Institute for Aging.
- Commissioner Illig stated that the Community Living Fund was set up to be a fee for service program and asked why we are adding new FTE's for this vendor relationship since new FTE's were just added in the budget. Kathy Eng corrected that no new FTE's for HAH had been added in this budget.
- Commissioner Illig stated that he did not understand why current staff could not accommodate the new clients, as they are already DPH clients (discharges from LHH, etc.). He also added that the money is CCSF money and that we are just redirecting money from general fund to DAAS to DPH. Commissioner Guy stated that the grant process has approved the new positions with the grant application.

Action Taken: The Commission approved the Budget Committee Consent Calendar, including Resolution 02-07, "Approving the extension of the terms of Fiscal Year 200607 contracts through the first six months of Fiscal Year 2007/08 for the Department of Public Health," (Attachment A) and Resolution 03-07, "Authorizing SFDPH, CBHS to enter into a Combined Net Negotiated Amount and Drug Medi-Cal Agreement with the State of California Department of Alcohol and Drug Programs (DADP) for the term of July 1, 2007 through June 30, 2010" (Attachment B). Commissioner Dodd abstained from item 3.10 as it pertains to Tenderloin Health.

## 4) DIRECTOR'S REPORT

Mitch Katz, MD, Director of Health presented the Director's Report.

*Public Health Week, April 2-6*

Each year the Public Health community takes to time to tell its stakeholders and the public about the work we do to keep the public safe and healthy. In keeping with the National theme of "Be Prepared for the Vulnerable Populations," different sections and divisions within the Department conducted a variety of activities highlighting Disaster Preparedness, our roles in disaster response and lessons learned from previous disasters, such as the 1906 Earthquake and Fire, Loma Prieta Earthquake (1989) and Katrina and Rita (2005).

In keeping with this year's theme of Disaster Preparedness, Community Programs challenged all DPH employees to put together a Disaster "Go Bag." A "Go Bag" contains items such as food, water, medications/personal first aid kit, and other essential survival items to sustain a City employee for at least three days. Also, DPH is encouraging employees to develop a Family Emergency Plan of Action. Prizes were raffled off to employees who presented their emergency plan with a completed disaster "Go Bag."

On April 2, the Health Education Training Center sponsored a presentation by Brian Katcher entitled, "What Is Public Health?" and staff will had the opportunity to view Spike Lee's documentary, "When the Levees Broke," on April 3 & 4. On April 3 & 5, Barbara Garcia held a town hall meeting with employees. Finally, many DPH employees were involved in a unique bio-terrorism preparedness exercise with Charles Schwab on April 4. When we, as employees, are prepared at work and at home, we position ourselves to better protect the health of our families and those most vulnerable to disasters and emergencies of all types.

*Mass Antibiotic Dispensing Exercise*
Early last month over 50 SFDPH employees participated in a bioterrorism preparedness drill to simulate a mass prophylaxis exercise utilizing the employees and workplace of Charles Schwab and Co., Inc. The exercise, which followed a medical review model that minimized individual information, took considerable planning and logistical coordination. This was the first opportunity we had to test our emergency plans to dispense preventive antibiotics to 1.2 million people in 36 hours. We discovered that our base dispensing plan and tools worked well and, as with all such exercises, found several areas for improvement.

External observers and mass prophylaxis planners who had been invited to the drill commented on the high competence and positive attitudes of SFDPH staff. They also commended us on how advanced San Francisco's plan is in relation to other Bay Area counties. Many thanks to Amy Pine, Randy Reiter and Rita Shiau who worked for many months to plan and execute this highly successful drill. They were assisted by Mike McKinley from the Department of Emergency Management. We continue to refine and improve our emergency preparedness response throughout the Department.

*Hearing at Board of Supervisor's on Victims of Gunshot Violence*
On Monday, April 23 Department of Public Health staff testified before the Board of Supervisor's Public Safety Committee at a hearing that sought information on the prevalence of gunshot victims who have become permanently disabled. Dr. Andre Campbell, Chief of Staff, spoke about the increase in gunshot victims seen over the past four years at SFGH and the health challenges that these individuals face during their lifetime. Because of the excellent medical care available to victims, many more of them survive their injuries but face long rehabilitation or many years of challenging medical, social and housing needs. Patti O'Connor, Director of the Trauma Program at SFGH, presented data from the trauma registry that illustrated the increase of injuries due to gun violence. Alicia Boccellari, Director of the Trauma Recovery Center and Liz Gray, Director Long Term Care Services, also talked about the need and challenges inherent in finding appropriate supportive housing and services. Dr. Katz believed the hearing provided the Board of Supervisors with a more realistic picture of the critical needs for an emerging population of our residents.

*Nurse Week, May 7-11*
Next week is Nurse Week, an opportunity to recognize the important work and contributions that nurses make both in direct patient care and in managing programs. At San Francisco General Hospital, nursing staff will be recognized fat the annual Nurse's Week Reception on May 9th, 4-7 pm. The celebration will begin with Health Commissioner Catherine Dodd speaking to the staff on the topic of "Care With our Heart, Mind, and Soul," from 4-5 pm, in Carr Auditorium. Commissioner Dodd's presentation will be followed by a reception and awards ceremony for the DPH Nursing staff in the SFGH cafeteria. Awards will be presented for Friends of Nursing, Daisy Award, O'Connell Society Award, and the Mildred Crear Award. Other activities are planned throughout the Department.

*UCSF Wall of Fame Awards*

The UCSF School of Nursing and the Nursing Alumni Association Board commemorated the UCSF Nursing Centennial by establishing a "Wall of Fame," recognizing 100 outstanding alumni and faculty. Three notable nurses within the DPH family were honored: Pat Underwood, RN, DNSc, UCSF faculty, who was the first registered nurse to serve on the Health Commission during the Art Agnos administration; Catherine Dodd, RN, MS who is a current member of the Health Commission; and Gene O'Connell, RN, MS who is the Executive Administrator of SFGH.

Criteria for nominations were based on the previously established Jane Norbeck Distinguished Alumni Award criteria, which are: the nominee has made significant contributions to the nursing profession and/or health care; he/she has demonstrated service and/or leadership that contributed to the growth and development of the UCSF School of Nursing; and the service is/was continuous and sustained. The three recipients from this Department clearly represent all of these qualities. The Wall was displayed at Alumni Day, at the School and at other Centennial events. Congratulations to Ms. Underwood, Ms. Dodd and Ms. O'Connell.

*Silver Avenue Open House*

Dr. Katz wanted to remind the Commissioners of an important event at Silver Avenue Family Health Center this Friday, May 4, where the staff will be hosting an Open House from 1-4 p.m. to celebrate the $1.2 million improvements that have been made over the past 18 months. Visitors and patients at Silver Avenue will see a number of improvements throughout the Health Center, including a new elevator and five new exam rooms, which will allow us to double patient capacity. New fire and safety alarm systems have also been installed. The Mayor's office has indicated his interest in attending. We invite the Commissioners to drop by the Silver Avenue Family Health Center for a tour of the facility and to congratulate the staff on this long-anticipated milestone.

*Hep B Free Launch*

Nearly 500 members of San Francisco's Asian Pacific American community, including representatives from over 120 healthcare and Asian Pacific Islander (API) organizations joined Mayor Gavin Newsom, Assemblywoman Fiona Ma and Supervisor Ed Jew to launch the first San Francisco Hep B Free Campaign last Wednesday at New Asia Restaurant in Chinatown.

This major collaborative effort brings together city government, private healthcare and non-profit community organizations in a 2-year-long campaign to screen, vaccinate, and treat all API residents for hepatitis B (HBV). The SF Hep B Free campaign will put San Francisco at the forefront of America in fighting chronic hepatitis and will be the largest healthcare campaign to target Asian and Pacific Islanders in the U.S. The program includes a website, www.SFHepBFree.org, where individuals can get information on testing, treatment and other services.

*Asthma Task Force Launches "Agents of Change" Video*

The SF Asthma Task Force will launch its "Agents of Change" video vignette series today for World Asthma Day. The first of five segments features the SFGH Pediatric Asthma Clinic, with emphasis both on improving asthma patients' lives as well as the quality of clinical care. The video can be viewed on SFGOV television and on the Breathe California website (http://www.ggbreathe.org,) or via a link from the SF Asthma Task Force website (http://sfgov.org/asthma.)

Additionally, on Friday, May 4th, 8 a.m. - 4:30 p.m., the Asthma Task Force Clinical Committee is hosting the San Francisco Asthma Network, a citywide network of clinicians working with asthma patients, at Kaiser Foundation Hospital, 2425 Geary Blvd. The Task Force has arranged expert speakers on a variety of topics supporting local health professionals to raise the standard of asthma care in San Francisco.

Commissioner Comment

- Commissioner Guy stated that she and Commissioner Monfredini would be at the Silver Avenue open house. She added that she attended the hearing on gun shot wounds and that the staff gave a remarkable presentation on surgery but also on the complexity of the issues surrounding survivors. She stated that one of the key things that Commissioners need to understand is whether one goes back to the community in which the violence happens and the social cost of this community integration.
- Commissioner Chow thanked Dr. Katz and the department on their continued work on Hepatitis B vaccination, prevention and treatment. He stated that this was a remarkable gathering to bring together an event around a public health issue. He added that the hospital council is looking at this as a major issue to address in the coming year.
- Commissioner Illig asked about the quality of air report in the Chronicle and asked if there was part of DPH that works on this and whether there is a report that will be coming to the Commission. Dr. Katz stated that this is an important issue. He stated that the Bay Area Air Quality District regulates air quality. He added that where DPH could be helpful is if the Commission takes policy action on items that affect the amount of particulate matter, such as diesel fuel. Commissioner Illig asked for this information to be included in the next EHS report. Commissioner Dodd stated that one of the reasons that SF has a low rating is the humidity levels and past relaxing of standards in SF. Commissioner Watson stated that they saw some causes of this on the toxic tour.
- Commissioner Monfredini thanked the Commission for their attendance and efforts in the community.

## 5) EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MARCH

Commissioner Guy presented employee recognition awards.

| Team Award | Division | Nominated By |
|---|---|---|
| Lily Xu Ng<br>Delia De Guzman<br>Jocelyn Pinaroc-Bareng<br>Lisa Wu<br>Lourdes Holt | HAH Business and Medical Records | Kathy Eng |

| Team Award | Division | Nominated By |
|---|---|---|
| April Lax<br>Norma Del Rio<br>Margie Groeninger<br>Wendy Neussle | HAH Medical Social Services Unit | Morgan Elizabethchild<br>Kathy Eng |

## 6) YOUTH ADVISORY BOARD RESOLUTION

Michael Baxter, Health Program Coordinator and the Balboa Teen Health Center's Youth Advisory Board presented.

***San Francisco Teens' Knowledge of their Health Care Rights***

The results of a 2006 needs assessment of 1,746 San Francisco high school students revealed widespread lack of knowledge about their access to confidential health services. Teen responses from seven high schools were gathered in the spring of 2006.[*] Needs assessment items touched on an array of health-care topics, including student knowledge about their rights, parental notification, and access to health care.

**Too Many S.F. Teens Do Not Know Their Health Care Rights.** Substantial percentages of teens held misconceptions that health clinics:

- Would not give teens birth control without first their notifying parents or guardians.
- Would not provide teens with drug/alcohol counseling without first notifying parents or guardians.
- Would not give teens a pregnancy test without notifying a parent or guardian.
- Would inform parents or guardians if a teen tested positive for a STD.
- Would not provide HIV testing without a parent or guardian's permission.

These troubling results show **widespread misinformation among teens** that could **endanger their health**. Results also point strongly to the **need for immediate direct instruction** to students about **their rights under California law to confidential health care**.

**Newcomer Students Have Even Less Knowledge about their Rights to Receive Health Care Services.** A far greater percentage of students enrolled at Newcomer High School were unaware of their rights with respect to health care access and parent notification. Asian students at Newcomer High School were generally the group least knowledgeable about their health care rights.

| | Percent who answered **incorrectly** . . . | | |
|---|---|---|---|
| Question | All students | Newcomer students | Asian Newcomer Students |
| A clinic CAN give a teen 12-17 any birth control method without telling my parent/guardian. | 28% | 68% | 78% |
| | | | |
| A clinic CAN tell my parent/guardian that I have an STD without my permission | 22% | 32% | 30% |
| | | | |
| A clinic CAN give alcohol/drug use counseling to teens 12-17 without telling their parent/guardian. | 48% | 69% | 84% |
| | | | |
| A clinic CAN give a girl 12-17 a pregnancy test without telling her parent guardian | 25% | 74% | 81% |
| | | | |
| A clinic CANNOT do HIV testing without parent/guardian permission | 32% | 57% | 62% |

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[*] Needs assessment conducted with 1,617 high school students by Balboa Teen Health Center's Youth Advisory Board in the spring of 2006 at Balboa, Independence, Lincoln, Marshall, Newcomer, Washington, and Ida B Wells.

Commissioner Comment:

- Commissioner Monfredini asked if government classes could be used to disseminate the information. Allison responded that
- Commissioner Watson asked if alternative methods of communication could work, such as texting. Allison responded that not everyone has cell phones and that texting is expensive. Commissioner Watson also suggested using fun activities to spread this information.
- Commissioner Dodd commended the students for their work and stated that this law is challenged every year and that seeing these students embrace their rights is important to keeping this law intact.
- Commissioner Sanchez stated that he is happy to hear from this group and that he encourages the group to tap the health education resources at Bay Area universities.
- Commissioner Dodd recommended grammar edits into the first resolved (adopted). Commissioner Dodd also recommended adding "or advisory period" to the fourth "resolved" (adopted). Commissioner Dodd recommended adding "multiple venues including" to the final "resolved".
- Commissioner Chow requested adding a new resolve next to the last resolve that bring to attention to the particularly low knowledge base of newcomers and particularly Asian newcomers (adopted).

Action Taken: The Commission passed Resolution 04-07 "Urging the San Francisco Unified School District to Implement California Minor Consents Rights into the Health Education Curriculum of all San Francisco Public High Schools" (Attachment C).

## 7) HEALTH ACCESS PROGRAM BUDGET RESOLUTION

Tangerine Brigham, Deputy Director of Health presented the Health Access Program Budget and resolution.

### Health Access Program Proposed 2007-08 Budget Augmentation and Project Update

Budget and Project Activities Tied to Program's Vision

- Existing safety net (public and non-profit) is restructured as a coordinated whole.
- Uninsured residents to have knowledge of and improved access to comprehensive services.
- Focus on primary care and prevention
- Adopt common eligibility and enrollment system
- Access to health data that facilitates provider monitoring and quality of care
- Optimize financial resources from all available payer sources

Health Care Coverage Initiative Funding

- Health Care Coverage Initiative (HCCI) approved on March 30, 2007
- Three-year funding of $73.21 million (or $24.37 million a year)
- September 2007 – August 2010
- 50% reimbursement on $146.24 million in expenses incurred
- Additional administrative funding (award pending: up to $5.66 million over 3 years)
- Enables Department to make needed improvements to its delivery system

2007-08 Incremental Revenue

| | |
|---|---|
| Health Care Coverage Initiative | $18.2 M |
| Participant and Employer Fees | 4.8 M |
| Point of Service Fees | 0.1 M |
| Total | $23.1 M |

HAP Name Change

A new name has been developed for HAP. The rationale for the name change is based on the following:

- Confusion with existing San Francisco Health Plan identity
- "Health Access Program" name already used by the State
- Importance of consumer/public appeal of name

HSF Implementation Timeline –Phased-in Incrementally

- July 2007: "Debut" on July 2, 2007 at Chinatown Public Health Center during the months of July and August 2007
- September 2007: broader roll-out of HSF will take place with point-of-service enrollment, Current and new DPH clients, Current and new SFCCC Clients (dependent upon private provider network discussions and negotiations)
- January 2008: Employer Spending Requirement goes into effective for employers with 50 or more employees on January 1, 2008. Potential HSF enrollment from this sector after this date.

Enrollment Phase-In

- Average enrollment of 4,300 per month (July 2007 – November 2008)
- By August 2008, 66% (54,000) of the estimated 82,000 uninsured eligible for participation will be enrolled

DPH will balance:

- need to develop realistic and attainable enrollment projections
- need to fulfill its enrollment and/or services expenditures requirements to receive HCCI funding

Communications, Outreach and Marketing

- Initial focus is not marketing
- General outreach can create a demand for the program absent active marketing for enrollment and participation

Recommended outreach approach:

- July 2007: Public/media communication limited; announcement of initial phase-in of HSF at one "debut" clinic
- September 1, 2007: Broader outreach and communications strategy tied to expansion of HSF to other primary care clinical settings

Private Provider Network

- HSF is a city-wide effort; provider network should be broader than DPH
- Non-DPH provider participation based on rates, method of reimbursement and risk
- The HSF private provider network has not been finalized and it is being developed by SFHP
- DPH provides SFHP with the context for negotiations (i.e., programmatic, financial and policy guidelines) with potential private providers

One-E-App (OEA) Status

- Key feature of HSF
- Screen eligibility for Medi-Cal, Healthy Families, Healthy Kids & Young Adults, Children's Health & Disability Prog.
- Determine eligibility and enroll eligible persons into HSF
- Serve as a HSF system of record/enrollment database
- Certified Application Assistors facilitate HSF enrollment
- Anticipated project start date is May 1, 2007 with a September 1, 2007 OEA "go live" date
- Initially, OEA available in clinical settings; in year two, expand to community settings
- Lewin OEA qualitative analysis

Necessary Contingency Planning

- Critical component of any major project – what if scenario planning
- One-E-App not operational
- Premium Billing System not operational
- Central Registration Unit not in place
- DPH and SFHP will determine the need to develop additional contingency plans via its joint committee structure

The Lewin Group Engagement

- Phased implementation strategy
- Revenue impact analysis
- Demand and capacity analysis
- Eligibility and enrollment structure/review sliding scale changes
- Advise on communications strategy

Evaluation/Reporting

- Reporting Entities:
    - San Francisco Health Commission
    - Board of Supervisors (joint reports w/ Controller & OLSE)
    - State Department of Health Services
- In discussions with a foundation to support retaining an evaluation consultant
- Creating reporting/evaluation workgroup
- Leveraging internal resources and data capability
- Consulting with Univ. of Calif. researchers undertaking survey of employers re: Employer Spending Requirement

Moving forward . . . .

- Health Care Security Ordinance Update presentation to Board of Supervisors on May 8, 2007
- Continue internal and external presentations to educate all parties
- Entering operational work planning phase

Commissioner Comment:

- Commissioner Sanchez stated that this pathway has really been astounding and that this is a demonstration of the city's policy on how we are going to provide service.
- Commissioner Dodd asked how we are going to make sure that people who join the program are going to be served. Tangerine stated that this will definitely be in the process of implementation and that there will be people who will come to receive service as of July 1.

- Commissioner Illig asked what is different for existing clients in the next year, as he believes that most people won't care about a medical home. Ms. Brigham stated that implementation of the HAP will challenge staff to educate clients to understand the importance of a medical home and that the scope of services provided will not change for those individuals who are currently in the system. Commissioner Chow clarified that this is a re-visioning of the safety net.
- Commissioner Watson asked how the waits would be reduced. Ms. Brigham responded that they will be increasing hours and staff as well as redesigning clinical spaces to increase clinical flow.
- Commissioner Dodd stated that from a data collection perspective some foundations might want to look at funding an evaluation of systems changes. She suggested that DPH approach funding agencies to be able to look at this. Ms. Brigham stated that
- Commissioner Watson stated that he was under the impression that once you applied for One-E-App you did not have to fill out other applications. Ms. Brigham stated that this was not the case and that maybe in the future this will be able to be done. It will, however, be one step closer to streamlining these applications.
- Commissioner Dodd stated that what concerns her is that having someone motivated to seek healthcare be told to take their application to Otis Street. Ms. Brigham responded that what they do now (which will be the same in the future), is that an eligibility worker will seek out a conditional MediCal approval and not delay care.
- Commissioner Illig asked how the SFHP was receiving payment. Dr. Katz responded that the SFHP will receive fee for service and that some costs will be lower in the future (i.e. call-center build out) and some higher (quality assurance). Commissioner Illig stated that it is important to have this budget be monitored.
- Commissioner Illig asked that the Lewin Group come back to the Commission in June or July and give reports on the audits that have been undertaken.
- Commissioner Chow asked that assuming this enormous enterprise that there is enough staff to ensure adequate supervision of this program. Dr. Katz stated that they are trying to build this as an integration of the existing system and that perhaps in the future additional specific staff may be needed. He added there is a lot of excitement amongst the staff. Commissioner Guy stated that perhaps there needs to be a look at a re-organization as part of phase II of this project to support the staff in this endeavor, as opposed to adding a new management section.
- Commissioner Guy asked what the monitoring and evaluation questions that need be asked. Dr. Katz stated that one of the questions that was asked to the stakeholders was "what would be a successful outcome in 2 years" and that the responses were very different. He also stated that this is a question that should be asked to the Commission. Commissioner Guy added that this should also be asked to the Board of Supervisors.
- Commissioner Dodd suggested that instead of having the names of the committee in the governance document that positions are listed. She also suggested that there be a formal relationship between the Committee and the Commission. Dr. Katz stated that the HAP could come to the CHN and give reports. Commissioner Illig stated that he had suggested this six months ago.
- Commissioner Dodd asked for literature on how you evaluate care provision success. Commissioner Guy also added that literature on successful primary care would be helpful.
- Commissioner Dodd suggested adding the new name of the program "Healthy San Francisco" to the title of the resolutions (adopted).

Public Comment

1. Dick Hodgson, Clinic Consortium, stated that they are very excited about being a provider in the HAP. He stated that they used to be part of the 100 Days project and that implementing this will get more complex as the process goes on. He added that they are dedicated to helping to solve any problems as the program rolls out. He added that this is setting a standard for the state and national approach to providing universal care.

Action Taken: The Commission passed Resolution 05-07 "Approving Submission of the Department of Public Health's Proposed *Healthy San Francisco: Our Health Access Program* Augmentation Budget for Fiscal Year 2007-08" (Attachment D).

## 8) PUBLIC COMMENT

None.

## 9) ADJOURNMENT

The meeting was adjourned at 6:38 PM.

Rebekah R. Varela
Acting Executive Secretary to the Health Commission

**Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.**

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.Dc**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

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Director of Health

**Rebekah R. Varela**
Acting Executive Secretary

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**Web Site:** http://www.sfdph.org

# AGENDA

## SPECIAL MEETING OF THE HEALTH COMMISSION

**Tuesday, May 15, 2007**
**At**
**10:00 a.m.**
**Medical Library**
**Laguna Honda Hospital**
**375 Laguna Honda Boulevard**
**San Francisco, CA 94116-1411**

10:55 a.m. mst
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***There will be no Budget Committee of the Commission on this date.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 1, 2007**
**Minutes of the meeting of May 1, 2007*

3) **FOR DISCUSSION:** **ROLE OF STRATEGIC PLAN IN RELATION TO THE MISSION**

4) **PUBLIC COMMENT/OTHER BUSINESS****

5) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

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## Know Your Rights Under the Sunshine Ordinance

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**HEALTH COMMISSION**

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# MINUTES

## SPECIAL MEETING OF THE HEALTH COMMISSION

**Tuesday, May 15, 2007**
**At**
**10:00 a.m.**
**Medical Library**
**Laguna Honda Hospital**
**375 Laguna Honda Boulevard**
**San Francisco, CA 94116-1411**

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## 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 10:15 am.

| | |
|---|---|
| Present: | Lee Ann Monfredini, President<br>David J. Sanchez, Jr., Ph.D., Vice President (arrived at 10:20 a.m.)<br>Edward A. Chow, M.D.<br>Catherine Dodd, R.N., Ph.Dc (arrived at 10:50 a.m.)<br>Roma P. Guy, M.S.W.<br>James M. Illig<br>Markus Watson, D.D.S. |

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 1, 2007

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Watson) approved the minutes of the May 1, 2007 Health Commission meeting.

## 3) ROLE OF STRATEGIC PLAN IN RELATION TO THE MISSION

Commissioner Guy introduced Robert Surber, who facilitated the meeting. Mr. Surber said the meeting would focus on how governance and executive leadership could best be configured to further the DPH Strategic Plan. In addition, there would be a discussion of whether the strategic plan is relevant to today's health issues, and how the plan could become a more meaningful and fluid tool.

Commissioner Guy, who with Commissioner Chow spearheaded the planning for this discussion, said the goal of today's discussion is to look at the Health Commission's legislative mandate, its structure and its tools and see if they adequately enable the Commission and the Department to carry out the Department of Public Health mission, which is to protect and promote the health of all San Franciscans. The principle tool is the DPH Strategic Plan. Commissioner Chow added that the Health Commission and the Department cannot carry out a strategic plan unless there is an effective structure to do so. This is the context for having the discussion about the Department's leadership and how the Department's executive management should be configured. Commissioner Guy stated that Mr. Surber would prepare a follow up report that would be presented to the Commission at a future meeting. No action would be taken today.

Commissioner Monfredini asked for public comments, which she said would be taken at the beginning of the discussion and at the end of the discussion.

Public Comment

- Mara Kopp said the Commission should consider if a helipad at San Francisco General Hospital is a wise fiscal decision, even if it is not paid for through the general fund. She is dismayed that there still is no good data collection regarding the Department of Public Health's and San Francisco General Hospital's medical high users. She asked the Commission to reconsider the sanctuary issue. She hopes the Commission will update the strategic plan.

- Patrick Monette-Shaw said today's agenda is insufficient and does not note any discussion about Dr. Katz's succession. And it does not note that the strategic plan that is being discussed in the DPH strategic plan.

The Commission discussed the City Charter section regarding the Health Commission, the DPH mission, the Health Commission's structure and processes, the DPH Strategic Plan and the DPH executive leadership.

## 4) PUBLIC COMMENT/OTHER BUSINESS

None.

## 5) ADJOURNMENT

The meeting was adjourned at 4:10 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

**Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.**

**Lee Ann Monfredini**
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# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, May 22, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET**
**Room 300**
**San Francisco, CA 94102**

11:30 a.m. mst
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22/07

***The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove.*** ***The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.***

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 15, 2007**
**Minutes of the meeting of May 15, 2007*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

For Discussion and Approval

**(3.1) Central Admin.-MIS** – Request for approval of a sole source renewal contract with Siemens Medical Solutions USA, Inc., in the amount of $9,900,000, to provide product and professional services for the Department of Public Health, for the period of July 1, 2007 through June 30, 2012 (5 years).
** Contract summary, Monitoring report summary*

**(3.2) Central Admin.-MIS** – Request for approval of a sole source renewal contract with Siemens Medical Solutions USA, Inc., in the amount of $9,858,327, to provide ongoing remote computing services for the Department of Public Health, for the period of July 1, 2007 through June 30, 2012 (5 years).
** Contract summary, Monitoring report summary*

**(3.3) CHN-SFGHMC** – Request for approval of a retroactive new contract with Apheresis Care Group, Inc., in the amount of $300,000, to provide as-needed, mobile therapeutic apheresis services for San Francisco General Hospital Medical Center, for the period of July 1, 2006 through June 30, 2007 (1 year).
** Contract summary*

**(3.4) CHN-Jail Health Services** – Request for approval of a contract renewal with Haight Ashbury Free Clinics, in the amount of $3,961,629, which includes a 12% contingency, to provide psychiatric and substance abuse treatment services targeting inmates in the San Francisco County Jail systems, for the period of July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Monitoring report summary, Client demographic information form*

For Approval

**(3.5) AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Mission Neighborhood Health Center, in the amount of $840,000, which includes a 12% contingency, to support Clinica Esperanza services to individuals who are affected by HIV/AIDS, for the period of July 1, 2006 through June 30, 2009 (3 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.6) AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Positive Resource Center, in the amount of $420,000, which includes a 12% contingency, to provide client advocacy and benefits counseling services to individuals who are affected by HIV/AIDS, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.7) BHS-MIS** – Request for approval of a sole source contract renewal with The Echo Group, in the amount of $974,786, which includes a 12% contingency, to provide ongoing system maintenance and application support services for the INSYST software application, for Community Mental Health Services, for the term July 1, 2007 through June 30, 2009 (2 years).
** Contract summary, Monitoring report summary*

**(3.8) BHS-MIS** – Request for approval of a sole source contract renewal with InfoMC, in the amount of $312,807, which includes a 12% contingency, to provide ongoing system maintenance

and application support services for the eCURA software application, for Community Mental Health Services, for the term July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Monitoring report summary*

**(3.9) BHS-MIS** – Request for approval of a contract renewal with Dataway, in the amount of $979,501, which includes a 12% contingency, to provide information technology support services, for the period of July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Monitoring report summary*

**4) FOR DISCUSSION: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

**5) ANNUAL EMERGENCY MEDICAL SERVICES AWARDS PRESENTATION**

**6) FOR DISCUSSION: 3RD QUARTER FINANCIAL REPORT**
(Gregg Sass, Chief Financial Officer)
**Report*

**7) FOR DISCUSSION: FOLLOW UP TO THE HEALTH COMMISSION DISCUSSION OF THE STRATEGIC PLAN**

**8) JOINT CONFERENCE COMMITTEE REPORTS**
(JCC Chairs)
(Report from the Joint Conference Committees that have met since the previous Health Commission Meeting)

**9) COMMISSIONER REPORTS**

**10) PUBLIC COMMENT ****

**11) OTHER BUSINESS*****

**12) CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $6,666.50 HEMM v. SAN FRANCISCO UNIFIED SCHOOL DISTRICT AND SAN FRANCISCO COMMUNITY BEHAVIORAL HEALTH, OAH No. N2007020067**

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

## 13) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $117,500.00 ALVAREZ v. CCSF et al, SUPERIOR COURT No. 446448**

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

## 14) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $12,000.00 GREEN v. CCSF et al, EEOC Charge Nos. 550-2006-00929 & 550-2006-01926**

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

## 15) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $225,000.00 MACON, et al v. CCSF et al, USDC No. C06-4904 SI**

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

## 16) ADJOURNMENT

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** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity for Health Commissioners to raise issues that fall within the subject matter jurisdiction of the Health Commission for discussion and referral to a future Health Commission or Health Commission Joint Conference Committee meeting.

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# HEALTH COMMISSION

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**Department of Public Health**

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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, May 22, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET**
**Room 300**
**San Francisco, CA 94102**

## 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:10 p.m.

Present:
- Lee Ann Monfredini, President
- David J. Sanchez, Jr., Ph.D., Vice President
- Edward A. Chow, M.D.
- Catherine Dodd, R.N., Ph.Dc
- James M. Illig

Absent:
- Roma P. Guy, M.S.W.
- Markus Watson, D.D.S.

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## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 15, 2007

Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) approved the minutes of the May 15, 2007 Health Commission meeting. The Commission amended the minutes to add as an attachment the meeting summary prepared by Robert Surber (Attachment A).

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow attended the Budget Committee meeting. Commissioner Sanchez noted that Items 3.1, 3.2, 3.7 and 3.8 would be presented to and discussed by the full Health Commission, and would not be presented at the Budget Committee.

**(3.3) CHN-SFGHMC** – Request for approval of a retroactive new contract with Apheresis Care Group, Inc., in the amount of $300,000, to provide as-needed, mobile therapeutic apheresis services for San Francisco General Hospital Medical Center, for the period of July 1, 2006 through June 30, 2007 (1 year).

**(3.4) CHN-Jail Health Services** – Request for approval of a contract renewal with Haight Ashbury Free Clinics, in the amount of $3,961,629, which includes a 12% contingency, to provide psychiatric and substance abuse treatment services targeting inmates in the San Francisco County Jail systems, for the period of July 1, 2007 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Chow asked Haight Asbhury to comment on the issue of staff retirements. John Eckstrom, Haight Ashbury Free Clinics Executive Director, said that Haight Ashbury is able to provide some level of fringe benefits but has not been able to provide the same level as they had in the past. The increase in salaries that came through the last contract have gone a long way toward retaining staff. Commissioner Chow asked Mr. Eckstrom and Mr. Sass to comment on the overall stability of HAFC. Mr. Eckstrom said they are on the right track. Mr. Sass said the agency has become much more stable and has taken a number of positive steps.

**(3.5) AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Mission Neighborhood Health Center, in the amount of $840,000, which includes a 12% contingency, to support Clinica Esperanza services to individuals who are affected by HIV/AIDS, for the period of July 1, 2006 through June 30, 2009 (3 years).

Commissioners' Comments

- Commissioner Sanchez commended the agency for its performance scores.

**(3.6) AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Positive Resource Center, in the amount of $420,000, which includes a 12% contingency, to provide client advocacy and benefits counseling services to individuals who are affected by HIV/AIDS, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

**(3.9) BHS-MIS** – Request for approval of a contract renewal with Dataway, in the amount of $979,501, which includes a 12% contingency, to provide information technology support services, for the period of July 1, 2007 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Chow asked how this contract would prevent the problem that happened at Laguna Honda Hospital last Spring. Dave Counter said that some computers at Laguna Honda did not have the most up to date antivirus protection. The Department increased the level of antivirus protection. And additional emphasis with this contract is to provide more protection against external threats. Commissioner Chow asked if the budget includes money to fix the problem that occurred at Laguna Honda. Mr. Sass said there are items in the budget that is currently in the Mayor's Office for equipment replacement at Laguna Honda. Other items are not specifically funded in the base budget.

Items discussed at Health Commission Meeting

**(3.1) Central Admin.-MIS** – Request for approval of a sole source renewal contract with Siemens Medical Solutions USA, Inc., in the amount of $9,900,000, to provide product and professional services for the Department of Public Health, for the period of July 1, 2007 through June 30, 2012 (5 years).

**(3.2) Central Admin.-MIS** – Request for approval of a sole source renewal contract with Siemens Medical Solutions USA, Inc., in the amount of $9,858,327, to provide ongoing remote computing services for the Department of Public Health, for the period of July 1, 2007 through June 30, 2012 (5 years).

**(3.7) BHS-MIS** – Request for approval of a sole source contract renewal with The Echo Group, in the amount of $974,786, which includes a 12% contingency, to provide ongoing system maintenance and application support services for the INSYST software application, for Community Mental Health Services, for the term July 1, 2007 through June 30, 2009 (2 years).

**(3.8) BHS-MIS** – Request for approval of a sole source contract renewal with InfoMC, in the amount of $312,807, which includes a 12% contingency, to provide ongoing system maintenance and application support services for the eCURA software application, for Community Mental Health Services, for the term July 1, 2007 through June 30, 2008 (1 year).

Commissioner Sanchez said that the Health Commission has not received an overview of the Department's Information Technology goals and workplan for a number of years. The Community Health Network Joint Conference Committee is scheduled to receive an update at its next meeting. The proposal is to have Mr. Sass and Dave Counter, along with several members of Siemens' Executive Management, present the contracts today then refer the contracts to the broader discussion that will take place at the Joint Conference Committee meeting.

Gregg Sass, DPH Chief Financial Officer and Dave Counter, DPH Chief Information Officer, presented the proposed contracts, focusing on the Siemens' renewals. Mr. Sass said that DPH relies on Siemens products for a wide range of services, including financial systems supporting all CHN billing and collections. The decision to renew for five years provides the maximum term within the $10 million limit that can be approved by the Health Commission. Siemens was willing to extend current pricing for the full five years.

With regard to contract performance, the most recent contract was entered into with the expectation that DPH could move its existing systems to a web based Soarian system within the base budget. DPH did this as an early adopter. This has been much more difficult to accomplish than what was anticipated. This was in part due to DPH's extensive customization of existing systems. Siemens has continued to provide good ongoing support to existing systems. In addition, DPH owns all the Soarian licenses. In exchange for problems associated with the delayed installation, Siemens provided a number of concessions, both clinical and financial.

Mr. Sass touched upon the issue of an Electronic Medical Record (EMR), which Commissioner Chow had previously inquired about. This is an emerging need that has become more important to DPH, driven by the new requirements of Healthy San Francisco. Dr. Katz is chairing an ad-hoc clinical IT committee that is assessing DPH needs for an ambulatory EMR. This would represent a significant above base funding investment.

Commissioners' Comments

- Commissioner Monfredini asked Siemens to provide an assessment of the job it has done. The Siemens representative Terry Talbot, Siemens Vice President, IT Sales, said that the 25-year relationship with DPH has been excellent, and the angst has been around the Soarian product. Siemens and DPH went out on a limb to push the envelope with Soarian to become an early adopter. Siemens ran into some big obstacles, including underestimating what it would take to get Soarian working in the complex DPH system. He feels that they have turned the corner developmentally and they are prepared to move forward and implement over the next few years. Siemens has taken ownership of the problem, both financial and publicly. Commissioner Monfredini asked when the Commission could see Soarian implemented. Mr. Talbot said they could start implementing portions right now, and they are developing a road map with DPH, including implementing Soarian in Jail Health in 2007-2008.

- Commissioner Sanchez said the Health Commission must do its due diligence in overseeing contracts. He is concerned that Siemens has been in the international press for the past number of months relating to corruption scandals, and the Siemens CEO will resign in September. The Health Commission needs to make sure it has the most updated information in order to provide effective oversight.

- Commissioner Chow's emphasis is that agencies that do business with the Health Department are able to focus on their jobs even throughout turmoil. Mr. Talbot said that Siemens appointed a permanent chair last week and appointed a new CEO yesterday. Siemens has taken great pains to reinforce compliance. Siemens Medical in the U.S. has not been touch by the problems that plagued Europe.

- Commissioner Dodd echoed the concerns of her colleagues because this contract with Siemens, and the Soarian effort, represents a significant investment and she wants to ensure that they have appropriate business practices. She would like to know if a Siemens EMR could be more useful clinically, rather than just financially. She asked if there would be an interface between SFGH, housing programs, Laguna Honda and other entities that helps DPH track people, such as high utilizers. The goal of this effort should be integration across systems. Second, she would like to hear how this product will help with disease management. Finally, she wants to make sure that DPH has a way to assess whether or not this relationship is still beneficial, and could DPH extract itself from the relationship if it is not beneficial. Dave Counter said a lot of progress has been made toward systems integration but it is not all done within a single application. His presentation to the Community Health Network Joint Conference Committee will go into detail about how this is done. DPH has a long standing arrangement with Siemens, which has been financially beneficial. DPH has the most comprehensive master agreement with an elaborate set of protections. These contracts could be renegotiated at any time. DPH recognized that they needed to ability to renegotiate. Regarding the EMR, ambulatory care software systems have improved so that EMRs can be used clinically.

- Commissioner Illig has fiscal concerns and programmatic concerns. The focus of the Commission is what is going to improve the quality of care for DPH patients. His emphasis will be the clinical integration of the systems. If Siemens is not best suited for the future, then we need to end the relationship. There are many pieces of data management within the Department—Reggie, long-term care, etc. Maybe Soarian is not the best product for DPH. He looks forward to the discussion at the joint conference committee.

- Commissioner Chow said the proposed contract represents a reduced level of spending for this contract compared to the previous few years, which represents an opportunity to get other products. Siemens has been up front with DPH about the problems, and he appreciates this. The ambulatory Electronic Medical Record is an emerging and evolving need. Commissioner Chow asked if other certified EHRs would be available and would be able to interface with the Siemens product. Mr. Sass said the clinical IT committee has been looking at the NextGen product, which could interface with current systems. Mr. Talbot said Siemens' agreement with NextGen specifies interoperability. Commissioner Chow asked the IT committee to evaluate the best EHR partner, not just NextGen. Dr. Katz said the ad hoc committee will do that.

  Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) approved Items 3.3, 3.4, 3.5, 3.6 and 3.9 of the Budget Committee Consent Calendar. Items 3.1, 3.2, 3.7 and 3.8 were referred to the Community Health Network Joint Conference Committee for further discussion, to return to the Health Commission at the June 5, 2007 meeting.

## 4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Ryan White Programs, Part A (CARE) funding for FY 07-08

On May 16, 2007 DPH received notification of the Ryan White Programs, Part A (CARE) Supplemental funding for FY 07-08. The amount of the award is $4,134,305, which represents a reduction of 67% from last year's Supplemental award. The total Ryan White funding received to date for the current fiscal year is $18,806,858 - a reduction of $9,158,006 or 32.7%. HIV Health Services will submit an application by May 29 for additional funds through the Minority AIDS Initiative (MAI), which is a part of Part A. Last year DPH received a total of $534,737 from the MAI. DPH expects notification of this award by August 1, 2007.

A reductions plan for FY 2007-08 was approved by the HIV Health Services Planning Council last night, which is described below.

***Holds harmless the Core Services:***

- Primary Medical Care
- Centralized Dental Care
- Home health care/Hospice Care
- Outpatient Mental health services
- Outpatient Substance abuse services
- Medical case management, including treatment adherence services

***Applies the remaining dollars proportionally among the remaining Support Services (about a 36% reduction to their annual award)***

Direct Emergency Financial Assistance
Benefits Counseling
Money Management
Food Bank/Delivered Meals
Legal/Immigration Assistance
Facility-based Home Care
Case management, non medical and residential
Residential mental health
Emergency Housing
Transitional Housing

***The Service Categories no longer allowed by HRSA have been given 3 month extensions through the end of May***

Residential Subsidies
Residential Substance Abuse/Detox
Complementary Therapies

The Department is looking for GF savings to fund the programs through the end of the fiscal year (one month).

***Residential Programs and Subsidies defunded by the Council***

Based on the Comprehensive Housing Plan released earlier this month, the community has requested support for these programs through the General Fund along with all other programs that will not continue to be supported by Ryan White funding (approximately $5 million).

Baby Friendly SFGH: First Hospital in City to Receive Certification

After eight years of hard work, staff training and preparation, San Francisco General Hospital has become the City's first certified *Baby Friendly Hospital* by the World Health Organization and UNICEF. The certifying organizations were particularly impressed that SFGH has overcome the difficulties faced by many inner-city public hospitals such as meeting the needs of patients who are primarily non-English speakers with low incomes and low literacy levels.

In order to qualify as *Baby Friendly,* hospitals must follow the "Ten Steps to Successful Breastfeeding," which includes prenatal education, support for mothers and babies during their hospital stay, and refusal to accept free formula or any gifts or promotional materials from formula companies. We were able to take a big leap towards our *Baby Friendly* certification when SFGH stopped receiving free formula in 2001.

The certification also requires that all staff must be educated about the multiple health benefits of breastfeeding to children, their mothers, and the community. Specifically, inpatient perinatal staff nurses receive a minimum of 18 hours of training and physicians and advanced practice nurses receive three hours training. This is no small feat in the busy, dynamic atmosphere of perinatal care and practice. Patients in the Women's Clinic receive breastfeeding education in English, Spanish, and Chinese through the Centering Pregnancy program and the new Expectant Parents Clubs. Maternal Child Services at San Francisco General is continuing the hospital's tradition of excellent service to our clients, by supporting breastfeeding as a critical intervention for health promotion.

New Strain of TB in SRO

Dr. Masae Kawamura, Director of TB Prevention & Control, has informed Dr. Katz of an ongoing outbreak of highly virulent drug-resistant TB in an SRO hotel in the TL/SOMA district that has also received some recent media attention. As a result of this outbreak, seven individuals have pulmonary tuberculosis with extensive disease. There has been one death and another individual is in critical condition in the ICU. The strain is believed to have originated in the former Soviet Union and many contacts have recent infection. The first case detected occurred in a U.S. born veteran and drug resistance was not suspected until delayed laboratory results returned after 6 weeks of inadequate therapy. By then, he had acquired additional drug resistance to the most potent TB drugs. He now has extreme-drug resistance and if not cured, may face life-long isolation. This outbreak demonstrates the tinderbox effect of TB, drug resistance and crowded living conditions. It also shows how poor TB control outside of the U.S. has lead to drug resistant strains which know no borders. San Francisco, being a city of immigrants and beacon for international travelers, is especially vulnerable to global pandemics of infectious diseases. Approximately 75-80% of our TB in San Francisco occurs among foreign-born individuals.

Inspectors at Laguna Honda

State inspectors from the Department of Health Services are currently at Laguna Honda Hospital (LHH) conducting their annual Licensing and Certification survey, which began last Tuesday, May 15th. A total of nine state inspectors are evaluating SNF and acute care services. They are joined by two federal representatives from the Centers for Medicare & Medicaid Services, who are evaluating the survey process. In addition, three state surveyors arrived at LHH on Monday, May 21st to begin their annual Life and Safety inspection. The surveyors are expected to conclude their evaluations at LHH sometime this week.

DPH Responds to Fire at Duboce & Woodward St.

A team from the Department of Public Health responded to a 28-unit apartment fire on Friday morning, May 18, at Duboce and Woodward St. near the central freeway overpass.

A shelter site providing medical assessment and mental health services for 31 primarily mono-lingual Spanish speaking individuals was set up at the Mission Recreation Center on Harrison St. Fortunately, all four of the immediate responders from the Department were bilingual Spanish speaking.

The medical team triaged approximately 12-15 people, with 10 individuals needing some type of follow up. EMS transported three individuals with injuries ranging from a possible stroke, to an ankle injury sustained from jumping out of the first floor window to a low blood sugar count in a diabetic. Another individual, whose family provided follow up care and support, was one day post discharge from a liver/kidney transplant. A small number of individuals required medication needs. Approximately 20 individuals were assessed by mental health staff.

The effort continued through the weekend and was well supported by Red Cross and Human Services Agency staff. By noon on Monday, the shelter was closed and hotel rooms were secured for everyone temporarily displaced by the fire.

Refugee Awareness Month

San Francisco has a long and proud history of providing a safe haven for thousands of refugees fleeing persecution in their countries of origin. June is Refugee Awareness Month and DPH will be marking the occasion with a celebration on June 1st from 11:30-1:00 in Carr Auditorium, San Francisco General Hospital, Building 3. Newcomers Health Program and Family Health Center's

Refugee Medical Clinic are collaborating to host this brown bag special event that will include a screening and Q&A of Ruth Gumnit's documentary, "Don't Fence Me In: Major Mary and the Karen Refugees from Burma," as well as an overview of current refugee issues in San Francisco by Patricia Erwin, Newcomers Health Program Manager. Mary Murphy, 364-7648, is the primary contact for Refugee Awareness Month.

Carnaval Health Pavilion

The Department of Public Health, in partnership with Carnaval San Francisco, is hosting the *2007 Carnaval Health Pavilion* on May 26th & 27th in the Mission District. The Health Pavilion is a component of the annual Carnaval Festival and will encompass an entire city block, making it the City's largest community health fair. This year's theme is "Love Happens When You Take Care of Yourself." DPH, along with nearly 30 other agencies, will provide education, information, screenings, and referrals for primary care, family planning, behavioral health, domestic violence, nutrition, diabetes, dental, HIV/AIDS, cancer, and occupational health, among others. Yete McMahon, Health Program Planner, Community Programs, is coordinating this event.

Chronic Hep B Registry Highlighted in MMWR

The May 11th issue of the CDC's *Morbidity and Mortality Weekly Report (MMWR)* highlights Communicable Disease Control and Prevention's (CDCP) efforts to build a registry of San Franciscans with chronic hepatitis B virus (HBV) infection and to collect additional data in 2006 to improve our understanding of the populations affected. In 2006, the registry received reports consistent with chronic HBV infection on 2,238 San Franciscans and followed up with clinicians to collect data on 567 of those patients: 84% of patients were Asian/Pacific Islanders, 80% of whom where foreign-born. Over half spoke Cantonese Chinese as their primary language. CDCP is using this data to guide development of patient education materials and outreach to patients and providers about recommendations for medical follow-up, testing and vaccination of contacts, and behavioral change to reduce the risk of transmission. The article is available at http://www.cdc.gov/mmwr/PDF/wk/mm5618.pdf.

Project Homeless Connect 17

A reminder to the Commissioners that the next Project Homeless Connect 17 is scheduled for June 8 at Keith Street and Armstrong Avenue in the Bayview. As is our custom, a number of DPH staff is involved in this novel outreach effort, which has proved to be of great benefit to thousands of individuals who are homeless. The upcoming Bayview location will allow us a new and deeper reach into another population of homeless and marginally housed individuals. If you have not already volunteered at a PHC, Dr. Katz encouraged the Commissioners to consider spending a day with the hundreds of volunteers who make these events possible. To learn more about how to volunteer, go to the website at www.sfconnect.org.

CBHS All Staff Meeting

Dr. Katz had the pleasure earlier this month of addressing over 1000 mental health and substance abuse program providers who attended the "CBHS All Staff Meeting of the Adult/Older Adult System-of-Care" on May 9th and 10th at the Bill Graham Civic Auditorium. Dr. Bob Cabaj, Director of CBHS, delivered the keynote address, emphasizing the importance of meeting the needs of the San Francisco community in an integrated, seamless and comprehensive manner. Besides providing care to the seriously mentally ill and persons with substance abuse issues, behavior health must embrace other areas such as caring for the homeless, responding to community violence and meeting the needs of returning veterans. In order to continue to meet this challenge, CBHS will partner with other services such as primary care, the court system, human services and housing agencies.

A series of presentations and workshops throughout the remainder of the day gave the providers information about topics of interest from the infusion of new funds through the Mental Health Services Act to issues of integration with primary care services, care needs of women, work as a component of recovery and self-care in the workplace. A panel of consumers provided a moving element to the day-long meeting as they shared their recovery stories with many of the staff who helped in that process. The day concluded with recognition of exemplary programs and staff from throughout the system who were nominated by co-workers, supervisors and clients. The event was designed to inspire providers—both contractors as well as DPH staff—to proceed with their important work and with a shared vision.

### Shape Up San Francisco

Shape Up San Francisco continues to expand by reaching out to the business community with new and inventive ways to improve the health of people who live and work in the City. On Tuesday, May 15, the Shape Up SF Coalition co-hosted a Worksite Wellness Breakfast Forum with the SF Chamber of Commerce. Over 75 San Francisco-based business leaders participated in the Forum -- a remarkable turnout for the Chamber's regular policy briefings. Phil Ginsburg, Mayor Newsom's Chief of Staff, gave the keynote address, followed by a panel of business leaders who have been active in promoting wellness among their workers. Shape Up SF will continue its partnership with the Chamber to encourage businesses to create environments that promote healthy eating and physical activity.

Shape Up SF is also partnering with the California 5-a-Day Be Active! worksite wellness programs as they roll out wellness programs for employers with a large base of lower-wage earners. Currently several hotels including the San Francisco Grand Hyatt on Union Square, the Whitcomb (formerly Ramada Inn), SF Hilton Financial District, and the Holiday Inn are in the process of offering worksite wellness programs to their entire staff. Worksite wellness programs can reduce absenteeism, boost productivity and morale and ultimately improve the health of employees.

### Barbara Garcia Honored at MHA-SF's 60th Anniversary Awards Luncheon

Dr. Katz announced that Barbara Garcia, Deputy Director of Public Health, will receive the Mental Health Association of San Francisco's (MHA-SF) *Public Policy Leader Award* at the Association's 60th Anniversary Awards Luncheon this Thursday, May 24. Barbara Garcia is being awarded for her commitment to mental health with a special emphasis on her leadership in organizing San Francisco's planning for the implementation of the Mental Health Services Act (Proposition 63). Congratulations to Ms. Garcia for this well-deserved community award.

### Community Health Network San Francisco General Hospital Credentials Report – May 2007

| | 05/07 | 07/06 to 05/07 |
|---|---|---|
| New Appointments | 9 | 174 |
| Reinstatements | 0 | 0 |
| Reappointments | 45 | 404 |
| Delinquencies: | 0 | 0 |
| Reappointment Denials: | 0 | 0 |
| Resigned/Retired: | 10 | 132 |
| Disciplinary Actions | 0 | 0 |

|  |  |  |
|---|---|---|
| Restriction/Limitation-Privileges | 0 | 0 |
| Deceased | 0 | 1 |
| Changes in Privileges |  |  |
| Additions | 2 | 49 |
| Voluntary Relinquishments | 4 | 32 |
| Proctorship Completed | 8 | 96 |
| Proctorship Extension | 1 | 1 |

| Current Statistics – as of 05/1/07 |  |  |  |
|---|---|---|---|
| Active Staff | 496 |  |  |
| Courtesy Staff | 571 |  |  |
| Affiliate Professionals (non-physicians) | 204 |  |  |
| TOTAL MEMBERS | 1,271 |  |  |
| Applications In Process |  | 34 |  |
| Applications Withdrawn Month of May 2007 |  | 0 | 9 (07/06 to 05/07) |
| SFGH Reappointments in Process Jun. 2007 to Sept. 2007 |  | 195 |  |

Commissioners' Comments

- Commissioner Illig asked if DPH communicated the Ryan White cuts to the Mayor's Office. Dr. Katz said yes, and the Mayor has written a letter regarding the cuts. Historically, however, once the cuts have been made there has been no restoration.

- Commissioner Dodd asked if the delay in lab results for the TB test was because of DPH. Dr. Katz said that the delay did not come from the DPH lab, but DPH did treat it as a sentinel event.

## 5) ANNUAL EMERGENCY MEDICAL SERVICES AWARDS PRESENTATION

Commissioner Monfredini presented the Annual Emergency Medical Services Awards to the following individuals:

Lt. Beth Goudreau, EMT-P – EMS Field Provider Award
Andrew Maruoka, R.N., M.S. – EMS Hospital Provider Award
Paramedic Captain Eric R. Storey, EMT-P – EMS Dispatcher Award
Richard Pekelney, EMT-1 – EMS Community Services Award
Paramedic Captain David Drabble, EMT-P – The Raymond Lim Excellence in EMS Award

Fire Chief Joanne Hayes-White congratulated all the award recipients.

## 6) 3RD QUARTER FINANCIAL REPORT

Gregg Sass, Chief Financial Officer, presented the 3rd Quarter Financial Report. This report presents the third quarter financial projections for revenues and expenditures for the Department of Public Health for FY 2006-07. Projections include a revenue deficit of $0.597 million and expenditure surplus of $1.938 million and the Department is projecting a small overall favorable surplus of $1.341 million.

| | REVENUES | | | EXPENDITURES | | | TOTAL |
|---|---|---|---|---|---|---|---|
| Division | Revised Budget | Current Projection | Surplus/ (Deficit) | Revised Budget | Current Projection | Surplus/ (Deficit) | Surplus/ (Deficit) |
| Department of Public Health | | | | | | | |
| SFGH | $ 626,632,000 | $ 628,532,000 | $ 1,900,000 | $ 626,632,000 | $ 627,287,000 | $ (655,000) | $ 1,245,000 |
| Laguna Honda | 187,596,000 | 187,596,000 | - | 187,596,000 | 188,682,000 | (1,086,000) | (1,086,00 |
| Primary Care | 52,502,000 | 52,105,000 | (397,000) | 52,502,000 | 52,818,000 | (316,000) | (713,000) |
| Health at Home | 10,454,000 | 9,954,000 | (500,000) | 10,454,000 | 8,859,000 | 1,595,000 | 1,095,000 |
| Jail Health | 25,081,000 | 25,081,000 | - | 25,081,000 | 25,592,000 | (511,000) | (511,000) |
| Public Health | 113,482,000 | 111,882,000 | (1,600,000) | 113,482,000 | 111,982,000 | 1,500,000 | (100,000) |
| Mental Health | 218,793,000 | 218,793,000 | - | 218,793,000 | 217,382,000 | 1,411,000 | 1,411,000 |
| Substance Abuse | 67,999,000 | 67,999,000 | - | 67,999,000 | 67,999,000 | - | |
| TOTAL DPH | $ 1,302,539,000 | $ 1,301,942,000 | $ (597,000) | $ 1,302,539,000 | $ 1,300,601,000 | $ 1,938,000 | $ 1,341,000 |
| | | | | | | | |

The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer (IGT), Transfer In and Project Related expenses.

Commissioners' Comments

- Commissioner Dodd said it is important to note that this quarterly report does not include the recent cuts in AIDS funding.

## 7) FOLLOW UP TO THE HEALTH COMMISSION DISCUSSION OF THE STRATEGIC PLAN

Commissioner Monfredini is pleased that the Commission took the time at its last meeting to discuss the DPH Strategic Plan, the Department's mission and the Commission's governance structure in relation to the Strategic Plan.

Commissioner Illig said that the CHN JCC is going to spend time reviewing the various objectives in the Strategic Plan. Last week's meeting started this process. By the end of the year he hopes to have suggestions for perhaps new strategies, different objectives and outcomes and timelines. He thinks the Commission should undertake review in small pieces, and then bring everything together. Commissioner Illig noted that the Commission reaffirmed the goals of the Strategic Plan.

Commissioner Monfredini would like to see the Strategic Plan condensed and streamlined, and reflect the significant accomplishments that have been achieved.

Commissioner Dodd said the first goal of all DPH divisions must be integration, and this needs to be reflected in each divisions' individual strategic plans.

Commissioner Chow said he and Commissioner Sanchez are going to poll each of the commissioners about what they like and do not like about the information that is presented to the Budget Committee, to start the process of modifying and enhancing the budget information.

## 8) JOINT CONFERENCE COMMITTEE REPORTS

No reports were presented at this meeting.

## 9) COMMISSIONER REPORTS

Commissioner Illig announced that he was touring the jail with two other commissioner in June, and meeting with San Francisco General Hospital staff to talk about quality management reporting.

Commissioner Sanchez is attending Carnival.

Commissioner Chow went to the Asian Forum.

## 10) PUBLIC COMMENT

None.

## 11) OTHER BUSINESS

None.

## 12) CLOSED SESSION

### A) Public Comments on All Matters Pertaining to the Closed Session

None.

### B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) voted to hold a closed session. The Commission went into closed session at 5:45 p.m. Present in closed session were Commissioner Chow, Commissioner Dodd, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Sai-Ling Chan-Sew, Community Behavioral Health Services, Mitchell H. Katz, M.D., Health Director and Michele Seaton, Health Commission Executive Secretary.

### C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $6,666.50 HEMM v. SAN FRANCISCO UNIFIED SCHOOL DISTRICT AND**

**SAN FRANCISCO COMMUNITY BEHAVIORAL HEALTH, OAH No. N2007020067**

Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) approved the settlement of $6,666.50.

D) Reconvene in Open Session

The Commission reconvened in open session at 5:50 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) voted not to disclose any discussions held in closed session.

## 13) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) voted to hold a closed session. The Commission went into closed session at 5:30 p.m. Present in closed session were Commissioner Chow, Commissioner Dodd, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Margaret Baumgartner, Deputy City Attorney, Robert Thomas, Labor Relations Manager, DPH, Mitchell H. Katz, M.D., Health Director and Michele Seaton, Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $117,500.00 ALVAREZ v. CCSF et al, SUPERIOR COURT No. 446448**

Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) approved the settlement of $117,500.00.

D) Reconvene in Open Session

The Commission reconvened in open session at 5:35 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) voted not to disclose any discussions held in closed session.

## 14) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) voted to hold a closed session. The Commission went into closed session at 5:35 p.m. Present in closed session were Commissioner Chow, Commissioner Dodd, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Janie Richardson, Deputy City Attorney, Robert Thomas, Labor Relations Manager, DPH Mitchell H. Katz, M.D., Health Director and Michele Seaton, Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $12,000.00 GREEN v. CCSF et al, EEOC Charge Nos. 550-2006-00929 & 550-2006-01926**

Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) approved the settlement of $12,000.00.

D) Reconvene in Open Session

The Commission reconvened in open session at 5:40 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) voted not to disclose any discussions held in closed session.

## 15) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) voted to hold a closed session. The Commission went into closed session at 5:40 p.m. Present in closed session were Commissioner Chow, Commissioner Dodd, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Ellen Shapiro, Deputy City Attorney, Mitchell H. Katz, M.D., Health Director and Michele Seaton, Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $225,000.00 MACON, et al v. CCSF et al, USDC No. C06-4904 SI**

Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) approved the settlement of $225,000.00.

D) Reconvene in Open Session

The Commission reconvened in open session at 5:45 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Dodd, Illig, Monfredini, Sanchez) voted not to disclose any discussions held in closed session.

## 16) ADJOURNMENT

The meeting was adjourned at 5:50 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

**Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.**

# San Francisco Health Commission
# Special Meeting of May 15, 2007

## Summary of the Proceedings

The following is a summary of the process, discussion and consensus agreements from the special meeting of the San Francisco Health Commission held on May 15, 2007 from 10 am to 4 pm. The special meeting was held at Laguna Honda Hospital and was facilitated by Robert Surber. This summary is of the facilitated discussion that occurred within a regularly scheduled but extended Commission Meeting.

### Special Meeting Discussion Points

The Commissioners approved the agenda for this discussion as follows:

- Role of the Health Commission including:
    - City Charter Expectations
    - Mission of the Department of Public Health (DPH)
    - Structure of the Health Commission
    - Strategic Plan and Strategic Planning
- Leadership Structure of DPH

It was acknowledged that no votes would be taken at this meeting on any items discussed. The intent is for the commissioners to have an in-depth discussion of these issues in order have a better understanding of how each of them understands the role of the Commission and the Department's leadership needs. The expectation is to also identify strategies to improve its functioning so as to fully implement this role, including assuring effective departmental leadership. Areas in which consensus and/or recommendation are achieved are to be addressed at future meetings of the Commission.

This summary is organized to first provide the key points and other comments of the participants on each of the discussion topics, and then to list the consensus agreements and recommendations that were developed for all of the topic areas.

### Role of The Health Commission and Departmental Leadership Discussion

In the planning for this special meeting it was suggested that some Commissioners had questions about the content and process for implementing the Department's strategic plan. This included the role of the Commission in monitoring the activities described in the plan and relating them to the Department's mission. To address these concerns, it was determined that it could be beneficial to review the City Charter section that defines the role of the Commission, the Department's Mission Statement, the current structure of the Commission, and the Department's Strategic Plan that was adopted in 2000 and updated in 2004. These materials were distributed for the Commissioners review prior to the meeting. In addition, there are several indicators that the leadership structure of the Department is not optimal for an organization as large and complex as DPH. As the appointment of the Director of Health and assuring effective leadership is a key role of the Commission, it was determined that this would constitute another topic of discussion for the special meeting. The following is a summary of the discussion on these topics.

**City Charter Review**

Section 4.110. "Health Commission" of the San Francisco City and County Charter was reviewed. The discussion included the following points:

- The words "all San Franciscans" indicates that the Commission is expected to collectively assure the health of the city
- The Commission should establish a "learning environment" to best implement this role
- Too much time is spent on attending to details rather than looking at big picture needs
- Commissioners must generate a consensus by looking at different pathways to promoting health
- There is a need for due diligence
- The role is to provide and overview to and initiate policies
- There is a need for more reports by commissioners to the commission from its committees and other activities
- The stated role includes expectations on three levels including
    - Establishing priorities for DPH
    - Managing and Monitoring the Department's Services
    - Abating Nuisances
- Two of the Joint Conference Committees of the Commission are mandated
- There is a need for broader discussion among the Commissioners at a higher level

**Mission of the San Francisco Department of Public Health**

The Commissioners reviewed the Department's mission statement and related activities as described in the Department's Strategic Plan as adopted in 2000 and updated in 2004. The following comments were made related to the mission:

- How does the Department address the needs of all San Franciscans? This suggests involvement with all hospitals and safety net services
- There is a need for a public/private partnership
- Promotion and prevention initiatives are needed
- The Commission's role is to establish and enforce policies
- This includes overseeing the Department's budget
- The Department's budget should reflect the priorities established
- The role also includes assessment and monitoring
- It is important to monitor the social determinants of health that include: housing, economics, violence, nutrition and the environment

**Health Commission Structure**

An organization chart for the Health Commission was prepared and reviewed for this meeting, and generated the following discussion:

- Strengths of the current structure
  - The committee structure has been helpful in implementing the Commission's role
  - The Budget Committee approves all of the Department's contracts, and
    - There is a need for greater focus on the products delivered and outcomes
    - There is no review of the overall DPH budget
  - The Joint Conference Committees (JCC's) for San Francisco General and Laguna Honda are mandated
  - The Joint Conference Committees have value in allowing Departmental staff to be involved in policy level discussions
  - The CHN Committee has brought the Divisions together in a way that supports cross departmental dialogue that does not occur in any other way
- Challenges/Needs of the Current Structure
  - Having four JCC's is too many and requires too much time for both the Department and Commission staff
  - It is the Commission's responsibility to make the committee meetings useful for the participants. This requires
    - Specified outcomes
    - Not being too controlling
  - There is a need to restructure the Commission's meetings to allow for more dialogue
  - At least half of the meeting should be devoted to discussion among commissioners
  - None of the JCC's are actually mandated, but eliminating the ones for SFGH and LHH would mean that their activities would need to be undertaken at the full Commission meetings
  - There is no formal feedback from the JCC's, other than the minutes
  - Reviewing the minutes does not allow for questions or discussion of what occurs at the JCC meetings
  - There is a need for more discussion of implementation of Health Access Plan and the Healthy San Francisco Initiative
  - There is little involvement or coordination with other city commissions that impact health, for example the Commission on Aging, the Police Commission, and the Human Services Commission
  - Improving relationships with other commissions could be
    - The responsibility of the President
    - A role for several or all Commissioners
    - Working with one commission per year
  - The Budget Committee functions more as an appropriations committee
  - New Commissioners are noted the level of detail in which they are involved in reviewing contracts
  - There have been many improvements in the contract review process over the years

  - Review of contracts by the Commission has been of value to the Department leadership
  - The Budget Committee does not review or comment on the overall budget of the department
  - There is no opportunity to relate the budget to the Department's priorities
  - There is a need for a Service Review Committee to look at all of the Department's services, and not just those operated through contracts

**The Departmental Strategic Plan**

The Commission adopted the current Strategic Plan for the Department of Public Health in 2000 and approved an update in 2004. The Commissioners made the following comments about the plan and the planning process.

- Strategic plans are often outdated when they are published and not useful in managing in a rapidly changing environment
- A Strategic Plan should be a living document that provides a living marker of expectations and achievements
- If we fail to plan, we plan to fail
- The current plan is too complex
- Planning is needed, but the plan is not as useful as it needs to be
- There should be an update every 18 months
- It is possible to address a piece of the plan at every Commission Meeting, and over time all of it would be updated
- There is a need for outcomes related to the plan
  - For example how can DPH measure a reduction in health disparities
- A Report Card could be helpful
- The plan should be used by the Department' Planning Department
- The Commission should coordinate planning efforts with the DPH Planning Department
- The Department is preparing a description of meaningful and measurable outcomes related to its Mission and Strategic Plan that will be available next month
- There is a need to see movement in achievement of the Strategic Plan's goals and objectives

**Leadership Structure of DPH**

Dr. Katz made a presentation on leadership of the Department including changes in the Department's size, role, and scope that affect leadership needs; description of leadership roles and structures used in other jurisdictions, and recommendations of recent studies of DPH and its functioning. The discussion included the following:

- It is not ideal for the Director of DPH to serve both as the Health Officer and as the Director of all of the Department's services
- There is a need for a Health Officer
- The HMA study recommended that DPH have roles for a Chief Medical Officer, a Chief of Operations, and a Long Term Care Director
- A Long Term Care Director has been appointed

- There is a need for the entire Commission to understand the distinctions between, and benefits of, each of these various roles including a Health Officer, a Chief Executive Officer, a Chief Medical Officer, and a Chief of Operations
- It could be valuable to look at the leadership structure of health departments in comparable jurisdictions
- It might be possible to obtain external funding to help with describing and implementing the best leadership structure
- If the Commission acts now, it could be possible to implement one or more of these roles for the 2008/2009 fiscal year
- A Deputy Mayor or Mayor's Office Liaison assigned to DPH could be helpful

### "Parking Lot" Issues

It was suggested in the planning for the special meeting that there may be topics generated by this discussion that need be addressed, but are not within the agenda of this special meeting. To address this a "Parking Lot" was established so that these topics could be considered by the Commission at a later time. The "Parking Lot" items identified during this meeting included:

- Politics
- Role of the Department's Advisory Groups and their relationship with the Health Commission

## Consensus Recommendations

The Commissioners came to consensus and made recommendations in several of the areas discussed. These are delineated below and will be considered for action at a future Health Commission meeting.

### Commission Meeting Procedures

1. Each JCC will make a brief report at Commission meetings. The report will be given by the chair of the JCC or another Commission member, if the chair is not present
2. Commissioners will have a time to update the Commission on information they received or relevant activities they have been involved in at each meeting
3. Staff reports to the Commission will be streamlined to include highlights that are relevant to the Commission. To achieve this goal Commissioners Illig and Dodd will meet as an Ad Hoc Committee with the Department's Director and staff to review the Annual Calendar of Reports and to determine the optimal format for presenting and summarizing these reports for the Commission
4. "Other Business" will be added as an agenda item for the Commission meetings to allow Commissioners to bring up emergent issues or to further discuss important topics. No votes may be taken on "Other Business" topics.
5. There was also consensus that having some of the Commission's discussions in an "around the table" format in Room 302 would be valuable at some Commission meetings. This would allow for face-to-face interaction and still provide for public observation and comment. The Commission will ask for an opinion from the City Attorney about this change. If approved by the City Attorney, the

Commissioners will then decide when and how often this will occur and for what issues.

**Commission Committee Structure**

1. Maintain the four Joint Conference Committees in their current form
2. The Budget Committee members will review the role of this committee and recommend changes to address the issues identified in the meeting with a view to:
   a. Maintaining accountability for contracts
   b. Commission review of City operated services
   c. Commission participation in establishing and monitoring the departmental budget, service review and audit function
3. Provide guidance to staff for reports to the Health Commission, including the purpose of the report, focus on key issues and an emphasis on integration. Power point presentations should not duplicate what is in the submitted report.

**Strategic Planning**

1. The Commission will meet with Departmental Staff to discuss measuring outcomes for the Strategic Plan after reviewing the list of outcome measures that will provided by the Department in June 2007
2. Each JCC chair will review the role of their committee in implementing and measuring outcomes of the current Strategic Plan
3. The Commission will determine any further steps related to planning in August 2007
4. The Department's Annual Report will include a letter from the Commission, signed by the President of the Commission, that indicates the Commission's involvement in and approval of this report, as is the practice for other city commissions

**Department Leadership Structure**

1. An Ad Hoc Leadership Committee will be established with the following expectations:
   a. Commissioners Chow, Watson, and Dodd agreed to serve on this committee
   b. This committee will study the leadership options for the department
   c. The committee will make recommendations for the best leadership structure by the end of the year, so that recommendations for new positions could be included in the proposed by February 2008 for inclusion in the FY 2008/2009 budget.

Prepared by Robert Surber

Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Catherine Dodd, R.N., Ph.Dc
Commissioner

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Executive Secretary

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FAX (415) 554-2665

Web Site: http://www.sfdph.org

# CHANGE OF LOCATION NOTICE

# FOR

# SAN FRANCISCO HEALTH COMMISSION

SF
H20
#1
5/5/07
change of
location
notice

**The San Francisco Health Commission meeting scheduled for Tuesday, June 5, 2007, 3:00 p.m. will be held at Laguna Honda Hospital, Gerald Simon Auditorium, 375 Laguna Honda Boulevard, San Francisco, 94116.**

**An agenda will follow.**

**For information please call the Commission Office at 554-2666 or visit www.sfdph.org.**

10:35 a.m. msf
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**(Posted May 22, 2007)**

**City and County of San Francisco**
**HEALTH COMMISSION**
**Department of Public Health**
**101 Grove Street, Room #311**
**San Francisco, CA 94102**

**(Address Correction Requested)**

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**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
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**James M. Illig**
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Commissioner

## HEALTH COMMISSION

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# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, June 5, 2007**
**At**
**3:00 p.m.**
**LAGUNA HONDA HOSPITAL***
**375 Laguna Honda Boulevard**
**San Francisco, CA 94116**

11:00 a.m. mst
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***PLEASE NOTE THE CHANGE IN LOCATION FOR THIS MEETING**

***The Budget Committee of the Commission will consider the consent calendar on this agenda at 1:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.***

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 22, 2007**
**Minutes of the meeting of May 22, 2007*

## 3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

For Approval

*(3.1)* **CHN** – Request for approval of a contract modification with St. Mary Prescription Pharmacy to extend the contract for two and a half years to provide as-needed outpatient pharmacy services for the clients of the Community Health Network, Special Programs for Youth/Youth Guidance Center and associated programs, in the amount of $336,480, for a total value of $751,480, for the period of July 1, 2007 through December 31, 2009 (5.6 years).
** Contract summary, Monitoring report summary*

*(3.2)* **CHN-SFGH** – Request for approval of a contract renewal with National Medical Health Card, in the amount of $250,000, to provide third-party administrator services and $2,300,000 in pass-through prescription dispensing fees to Rite Aid Corporation and AG Pharmacy, targeting CHN indigent clients, and a 12% contingency of $306,000, for the period of July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Monitoring report summaries*

*(3.3)* **PHP-CHSS-TB Control** – Request for approval of a contract renewal with the UCSF at San Francisco General Hospital, in the amount of $858,010, which includes the 12% contingency, to provide physician and radiologist services for the TB Clinic at San Francisco General Hospital, for the period of July 1, 2007 through June 30, 2010 (3 years).
** Contract summary, Monitoring report summary, Client demographic information form*

*(3.4)* **PHP-Housing & Urban Health** – Request for approval of a contract modification with St Vincent de Paul, in the amount of $146,475, for a total contract of $164,052, which includes a 12% contingency, to provide subsidized rental housing units, for the period of June 1, 2006 through June 30, 2007 (1 yr).
** Contract summary*

*(3.5)* **PHP-Housing & Urban Health** – Request for approval of a contract modification in the amount of $151,925, with GP/TODCO-A, Inc., for a total contract of $170,156, which includes a 12% contingency, to provide subsidized rental housing units, for the period of June 1, 2006 through June 30, 2007 (1 yr).
** Contract summary*

*(3.6)* **BHS-MIS** – Request for approval of a sole source contract renewal with The Echo Group, in the amount of $974,786, which includes a 12% contingency, to provide ongoing system maintenance and application support services for the INSYST software application, for Community Mental Health Services, for the term July 1, 2007 through June 30, 2009 (2 years).
** Contract summary, Monitoring report summary*

*(3.7)* **BHS-MIS** – Request for approval of a sole source contract renewal with InfoMC, in the amount of $312,807, which includes a 12% contingency, to provide ongoing system maintenance and application support services for the eCURA software application, for Community Mental Health Services, for the term July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Monitoring report summary*

For Discussion and Approval

*(3.8)* **CHN** – Request for approval of two contract modifications with Asereth Medical Services, Inc. and NOR-CAL Medical Temps, to extend the shared contracts for two years through June 30, 2009, to provide as-needed supplemental pharmacy personnel services to the Community Health Network, in the amount of $2,900,000 for the period of July 1, 2007 through June 30, 2009 for a total value of $5,800,000, for the period of July 1, 2005 through June 30, 2009 (4 years).
* *Contract summary, Monitoring report summaries*

*(3.9)* **CHN** – Request for approval of a contract modification with Deliverex to extend the contract for two years through June 30, 2009 to provide storage, retrieval and delivery services for medical records for San Francisco General Hospital's Information Services, Medical Staff Services and Radiology departments, in the amount of $1,580,000, for the period of July 1, 2007 through June 30, 2009 for a total value of $2,370,000 for the period of July 1, 2006 through June 30, 2009 (3 years).
* *Contract summary, Monitoring report summaries*

*(3.10)* **BHS** – Request for approval of a new contract with Richmond Area Multi-Services, Inc., in the amount of $1,281,533 per year for a total contract value of $3,203,833, which includes a 12% contingency, to provide pre-vocational services to welfare-to-work indigent individuals with behavioral health issues, for the period of July 1, 2007 through December 31, 2009 (2.5 years).
* *Contract summary*

*(3.11)* **Central Admin.-MIS** – Request for approval of a sole source renewal contract with Siemens Medical Solutions USA, Inc., in the amount of $9,900,000, to provide product and professional services for the Department of Public Health, for the period of July 1, 2007 through June 30, 2012 (5 years).
* *Contract summary, Monitoring report summary*

*(3.12)* **Central Admin.-MIS** – Request for approval of a sole source renewal contract with Siemens Medical Solutions USA, Inc., in the amount of $9,858,327, to provide ongoing remote computing services for the Department of Public Health, for the period of July 1, 2007 through June 30, 2012 (5 years).
* *Contract summary, Monitoring report summary*

**4)** **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

**5)** **PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JUNE**

**6)** **FOR DISCUSSION AND APPROVAL:** **PRESENTATION OF THE LAGUNA HONDA ANNUAL REPORT AND 2007-2008 STRATEGIC PLAN, AND CONSIDERATION OF A RESOLUTION APPROVING THE STRATEGIC PLAN, INCLUDING A CHANGE TO THE MISSION STATEMENT AND THE VISION STATEMENT**
(John Kanaley, LHH Executive Administrator)

*Report, Resolution*

7) **FOR DISCUSSION:** **LAGUNA HONDA REBUILD UPDATE**
(John Thomas, Program Manager, LHH Replacement Program)
**Report*

8) **PUBLIC COMMENT** **

9) **COMMISSIONER REPORTS/ANNOUNCEMENTS**

10) **FOR DISCUSSION:** **JOINT CONFERENCE COMMITTEE REPORTS**
(Reports by the Chairs of the Joint Conference Committees)

11) **OTHER BUSINESS*****

12) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity for Health Commissioners to raise issues that fall within the subject matter jurisdiction of the Health Commission for discussion and referral to a future Health Commission or Health Commission Joint Conference Committee meeting.

**Directions to LHH**
Laguna Honda Hospital's Gerald Simon Auditorium is located on the first floor of the Main Building, from the main entrance to the left. Wheel chair assisted participants arriving by motor car should park in the large main parking lot east of the Hospital, using the East lot wheelchair entrance ramp to the Main Building. Upon entering the building, proceed straight ahead the entire length of the building to the west end of the 5th floor, where there is an elevator at the far end of an open air area. Take the elevator down to the first floor, where signs will direct you to Simon Auditorium. Muni metro subway, most motorbus lines and Forest Hill Station are wheelchair accessible, as are the Hospital buildings.

You are encouraged to utilize public transportation. The Forest Hill Muni Station is located across the street from the Hospital's entrance. The K, L and M streetcar lines stop at Forest Hill Station, and can be boarded at most BART/MUNI stations, including Civic Center Station, located on Market street, one block from Civic Center Garage, across from City Hall.

Motorbus lines #36 Teresita, #43 Masonic, #44 O'Shaughnessy and #52 Excelsior serve the Forest Hill Station. For information about MUNI services, call 673-6864.

Disability Access
Wheel chair assisted participants arriving by motor care should park in the large main parking lot east of the Hospital, using the East lot wheelchair entrance ramp to the Main Building. Upon entering the building, proceed straight ahead the entire length of the building to the west end of the

5th floor, where there is an elevator at the far end of an open air area. Take the elevator down to the first floor, where signs will direct you to Simon Auditorium. Muni metro subway, most motorbus lines and Forest Hill Station are wheelchair accessible, as are the Hospital buildings.

If you require special listening devices, American Sign Language interpreters and readers, large print copy of agenda or other special services, please advise LHH's Nursing Office at (415) 664-1580, extension 2709, or by calling Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, at 554-2595, at least 72 hours before the meeting. Late requests will be honored if possible.

### Accessible Meeting Policy

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

### Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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**Department of Public Health**

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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, June 5, 2007**
**At**
**3:00 p.m.**
**LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER**
**375 Laguna Honda Boulevard**
**San Francisco, CA 94116**

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## 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:10 p.m.

Present: Lee Ann Monfredini, President
David J. Sanchez, Jr., Ph.D., Vice President
Edward A. Chow, M.D.
Roma P. Guy, M.S.W.
Catherine Dodd, R.N., Ph.D.
James M. Illig
Markus Watson, D.D.S.

Commissioner Monfredini announced a change to the agenda order. The Director's Report would be presented after the Laguna Honda Hospital reports.

Commissioner Monfredini also announced that the June 19th Health Commission meeting will begin at 1:00 p.m. and end promptly at 3:15 p.m. due to the Board of Supervisors Beilenson Hearing, which begins at 3:30 p.m.

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 22, 2007

Public Comment
Patrick Monette-Shaw said that the minutes of the May 22nd meeting include approval of the minutes of the May 15th meeting. The report attached to those minutes contains incorrect information about what was recommended in the HMA report, and should be changed. Commissioner Dodd recommended that there be no changes to the May 15th minutes until staff can compare what is in the HMA report with what is in the May 15th minutes.

Action Taken: The Commission approved the minutes of the May 22, 2007 Health Commission meeting.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Watson attended the Budget Committee meeting. The Budget Committee meeting was held at 101 Grove Street. Items 3.1, 3.2 and 3.5 were moved to the "Discussion and Approval" section of the agenda.

For Approval

*(3.3)* **PHP-CHSS-TB Control** – Request for approval of a contract renewal with the UCSF at San Francisco General Hospital, in the amount of $858,010, which includes the 12% contingency, to provide physician and radiologist services for the TB Clinic at San Francisco General Hospital, for the period of July 1, 2007 through June 30, 2010 (3 years).

*(3.4)* **PHP-Housing & Urban Health** – Request for approval of a contract modification with St Vincent de Paul, in the amount of $146,475, for a total contract of $164,052, which includes a 12% contingency, to provide subsidized rental housing units, for the period of June 1, 2006 through June 30, 2007 (1 yr).

*(3.6)* **BHS-MIS** – Request for approval of a sole source contract renewal with The Echo Group, in the amount of $974,786, which includes a 12% contingency, to provide ongoing system maintenance and application support services for the INSYST software application, for Community Mental Health Services, for the term July 1, 2007 through June 30, 2009 (2 years).

*(3.7)* **BHS-MIS** – Request for approval of a sole source contract renewal with InfoMC, in the amount of $312,807, which includes a 12% contingency, to provide ongoing system maintenance and application support services for the eCURA software application, for Community Mental Health Services, for the term July 1, 2007 through June 30, 2008 (1 year).

For Discussion and Approval

*(3.1)* **CHN** – Request for approval of a contract modification with St. Mary Prescription Pharmacy to extend the contract for two and a half years to provide as-needed outpatient pharmacy services for the clients of the Community Health Network, Special Programs for Youth/Youth Guidance Center and associated programs, in the amount of $336,480, for a total value of $751,480, for the period of July 1, 2007 through December 31, 2009 (5.6 years).

Dr. Kotabe clarified that the entire funding for this contract is from the general fund.

Commissioners' Comments

- Commissioner Chow noted that the contract term is 5.6 years. He asked how DPH makes the decision about when to re-bid a service and when to extend an existing contract. Dr. Kotabe said the contractor has agreed to keep the same rates, so to take advantage of these rates DPH decided to extend the contract. Commissioner Chow would like the Budget Committee to look again at the criteria and protocol that are used in these situations. Jacquie Hale is happy to present this information.

*(3.2)* **CHN-SFGH** – Request for approval of a contract renewal with National Medical Health Card, in the amount of $250,000, to provide third-party administrator services and $2,300,000 in pass-through prescription dispensing fees to Rite Aid Corporation and AG Pharmacy, targeting CHN indigent clients, and a 12% contingency of $306,000, for the period of July 1, 2007 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Chow understands the constraints of the 340B program. But he continues to be concerned that the Chinatown Clinic is served by a distant Rite Aid pharmacy. He asked if clients have raised this concern via customer satisfaction surveys. Further, do we have any information about people who have been discouraged from getting their medication because of the distance issue? Dr. Kotabe said they have done customer satisfaction surveys, asking clients, among other things, if they are satisfied with the program. The responses are overwhelmingly positive. That said, she will add a question into the upcoming survey specific to Dr. Chow's question.

- Commissioner Watson asked if Rite Aid delivers prescription medications to homebound clients. Dr. Kotabe said they do not as a normal part of their services.

*(3.5)* **PHP-Housing & Urban Health** – Request for approval of a contract modification in the amount of $151,925, with GP/TODCO-A, Inc., for a total contract of $170,156, which includes a 12% contingency, to provide subsidized rental housing units, for the period of June 1, 2006 through June 30, 2007 (1 yr).

Commissioners' Comments

- Commissioner Watson asked the average time from initial screen of the client to move-in date. Ms. Antonetty said ideally it is less than one month. In general, the client is homeless and can often be put in temporary housing while waiting for the screening process to be completed.

*(3.8)* **CHN** – Request for approval of two contract modifications with Asereth Medical Services, Inc. and NOR-CAL Medical Temps, to extend the shared contracts for two years through June 30, 2009, to provide as-needed supplemental pharmacy personnel services to the Community Health Network, in the amount of $2,900,000 for the period of July 1, 2007 through June 30, 2009 for a total value of $5,800,000, for the period of July 1, 2005 through June 30, 2009 (4 years).

Commissioners' Comments

- Commissioner Chow remains concerned about DPH's challenges in filling pharmacy positions. Dr. Kotabe said there is still a national shortage of pharmacists that is being felt everywhere. DPH has been more successful in the past few years, working with labor to make salaries more competitive. At the same time, a number of long-term employees have retired. Commissioner Chow asked how much of the contract authority is used every year. Dr. Kotabe said they use the entire contract.

*(3.9)* **CHN** – Request for approval of a contract modification with Deliverex to extend the contract for two years through June 30, 2009 to provide storage, retrieval and delivery services for medical records for San Francisco General Hospital's Information Services, Medical Staff Services and Radiology departments, in the amount of $1,580,000, for the period of July 1, 2007 through June 30, 2009 for a total value of $2,370,000 for the period of July 1, 2006 through June 30, 2009 (3 years).

*(3.10)* **BHS** – Request for approval of a new contract with Richmond Area Multi-Services, Inc., in the amount of $1,281,533 per year for a total contract value of $3,203,833, which includes a 12% contingency, to provide pre-vocational services to welfare-to-work indigent individuals with behavioral health issues, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

Commissioners' Comments

- Commissioner Chow asked staff to send a recent monitoring report for RAMS. It is important that the Budget Committee sees when there is a history with contractors, even if it is a new contract being approved.

*(3.11)* **Central Admin.-MIS** – Request for approval of a sole source renewal contract with Siemens Medical Solutions USA, Inc., in the amount of $9,900,000, to provide product and professional services for the Department of Public Health, for the period of July 1, 2007 through June 30, 2012 (5 years).

*(3.12)* **Central Admin.-MIS** – Request for approval of a sole source renewal contract with Siemens Medical Solutions USA, Inc., in the amount of $9,858,327, to provide ongoing remote computing services for the Department of Public Health, for the period of July 1, 2007 through June 30, 2012 (5 years).

Gregg Sass, DPH CFO, said that the Siemens contracts are for systems that provide management of and support to clinical and financial systems. He emphasized that nearly $500 million in revenues are dependent on systems that Siemens is supporting. These are very important contracts.

Commissioners' Comments

- Commissioner Watson asked that there be regular updates on IT issues to the Community Health Network Joint Conference Committee. Mr. Sass said they would be happy to bring focused reports to the joint conference committees.

- Commissioner Chow said significant revenues depend on Siemens. Commissioner Chow asked that a presentation be made to Laguna Honda Hospital Joint Conference Committee regarding the IT aspirations for the new building.

- Commissioner Sanchez continues to have questions regarding the corporate problems that Siemens is facing. He will vote for approval of these contracts, subject to review and approval by the City Attorneys Office. Commissioner Sanchez thanked staff for participating in the committee process. This allowed commissioners to ask questions, receive information, and deliberate in an informed manner.

  Action Taken: The Commission approved the Budget Committee Consent Calendar.

## 4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report. Gregg Sass provided detail regarding the budget update, and Dr. Katz joined the meeting when the budget was being discussed.

Budget Update

On Friday, June 1, the Mayor released the budget for 2007 – 2008. The Department of Public Health's (DPH) proposed budget grows by close to $87 million in FY08. Roughly 27% of the $1.3 billion public health budget is supported by the general fund with the remainder of costs funded through fees and state or federal sources. The City's public health budget represents roughly one-fifth of the entire City budget.

In order to achieve a balanced budget, the Mayor's Budget Office included reductions to the Public Health Budget in addition to those accepted by the Health Commission. The Health Commission accepted $2.14 million in reductions compared to the department's 3% general fund support target reduction of $9.66 million detailed through the Mayor's Budget Instructions. Total reductions include:

| | |
|---|---|
| Close Worker's Compensation Clinic *(accepted by Commission)* | $ 833,258 |
| Prescription Co-Pay for all except those on general assistance *(accepted by Commission)* | 1,906,246 |
| Co-Pays on Hospital Services *(accepted by Commission)* | 542,972 |
| Board add-backs (list attached) | 2,928,323 |
| Reductions in residential and outpatient substance abuse | 1,808,670 |
| Reductions for SRO Outreach | 133,000 |
| Deletion of Public Health Nurses in Chronic Care | 699,346 |
| Total | $ 8,851,815 |

The Mayor's Budget Office was also not able to identify enough funding for MIS positions at Laguna Honda or the nurse educator for cancer education at SFGH, however funding was included for the Mammovan driver.

The Mayor' Budget Office was not able to fund all the structural and regulatory needs in the Department. Each year we seek to fund structural issues to the extent we are able, and continue to make steady progress funding all identified needs. However we are ultimately limited by available revenues to fund these issues. The proposed budget includes $9,212,320 of the $14,670,381 submitted in the base budget.

The Mayor did restore funding for several expired grants, addressing Health Commission recommendations to do so, and also provided funding for several important initiatives.

| Backfill of Expired Grants: | |
|---|---|
| CARE cuts to supportive housing | $3,165,000 |
| Roll-Forward HIV/AIDS project funding | 1,000,000 |
| SAMHSA earmark for supportive housing | 1,556,787 |
| Homeland Security backfill via work order with DES | 407,685 |
| Backfill of SAMHSA funding for Central Access, SF Homeless Outreach Team, and Placement Unit | 384,525 |
| Total | $6,513,997 |

| Increased Funding: | |
|---|---|
| Increase Contractor COLA to 2.45% (an increase of .45%) | $ 990,706 |
| Expansion of Homeless Outreach Team | 1,975,000 |
| Services to the Bayview – Health Disparities and Shape-Up | 1,000,000 |
| Supportive Housing, Master Lease Shortfall | 870,000 |
| Stabilization Units for Serial Inebriates | 654,966 |
| Residential treatment for disabled victims of gun violence | 200,000 |
| Mental Health residential services for juveniles and SFO outreach | 513,000 |
| Total | $6,203,672 |

All recommended expenses for Healthy San Francisco were accepted as proposed by the Health Commission. In addition, the proposed budget recognizes $2,750,000 in additional administrative reimbursement revenue program start-up, planning and information technology expenses. The following are the adjustments to revenues included in the proposed budget:

| | |
|---|---|
| Administrative revenues - Healthy SF | $2,750,000 |
| Increased collections - Bureau of Delinquent Accounts | 588,061 |
| Total | $3,338,061 |

In total, the budget forwarded by the Health Commission achieved a $2,138,057 reduction in General Fund. This compares to a $4,976,598 reduction in the Mayor's Budget. The new position count was reduced from 136 to 104 FTEs.

Beilenson Hearing

The San Francisco Board of Supervisors will conduct a Beilenson Hearing pursuant to Section 1442.5 of the California Health and Safety Code (Beilenson Act) on the elimination and/or reduction of health care services to indigents provided by the City and County of San Francisco for fiscal year 2007-2008. The Beilenson Hearing is scheduled June 19, 2007, at 3:30 pm in the legislative chamber of City Hall. At this hearing, the Board of Supervisors will consider the impact of the proposed elimination and reduction of health services on the health care needs of the county's indigents. Public testimony, both oral and written, will be accepted at this hearing.

Pritzker Center to Open at UCSF

Late last month, Mayor Newsom, UCSF Dean David Kessler, Tipper Gore and others hosted a press conference at City Hall to acknowledge the largest single donation ever given to an American university for child and adolescent mental health services. The Pritzker Center at UCSF is being funded by a $25 million gift to create a comprehensive program dedicated to meeting the needs of Bay Area youth, regardless of socioeconomic status.

The new Pritzker Center will combine and expand the nationally recognized programs and services of San Francisco General Hospital Medical Center (SFGH) with the specialty clinics, training and research of UCSF's Langley Porter Psychiatric Institute (LPPI) into one cohesive program and building. The collaboration builds upon the successful partnership between UCSF and the City and County of San Francisco. The new Center is named for donors Lisa and John Pritzker. Tipper Gore will serve as chair of the Center's leadership council.

Hep A & B News Update

The Department continues to develop programs to encourage individuals to get vaccinated for Hepatitis A and B. Last month we kicked off the Hep B Free for Life Campaign targeting the Asian community. An additional program is helping us reach out to the MSM community who is also at risk for developing Hepatitis and an unexpected gift of vaccine has augmented our efforts.

The Community Disease Control and Prevention section was given 6000 free doses of Twinrix (a combined Hepatitis A & B vaccine) from the state of Illinois that will be offered free at upcoming events such as Pride, Up Your Alley, Castro Street Fair, and Folsom Street Fair. The vaccine is worth over $200,000 and has already been distributed throughout the City by the CDCP staff. Illinois was not able to distribute all of the vaccine in their state prior to the expiration date and donated it to San Francisco.

In other Hep A& B news, Dr. Katz attended a press conference this morning at the LGBT Community Center to kick off "Hep Team San Francisco," a Hepatitis A & B vaccine and education outreach effort targeting bisexual men and MSM in San Francisco. He was joined by Harold Levine, National Hep Team Director and Steve Gibson, Director of Magnet Health Services. Hep Team will provide free and low cost Hepatitis & B vaccinations at events and clinics throughout the City over the next several months. Dr. Katz believes the combined efforts we are putting into increasing the number of individuals who are receiving of Hepatitis A & B vaccine positions San Francisco as a national leader in the fight against these two serious diseases.

Diabetes Education Programs Receive ADA Certification

The General Medicine Clinic and Family Health Center diabetes education programs have received formal recognition from the American Diabetes Association (ADA) that they have met the National Standards for Diabetes Patient Education. The certification period extends to January 2010. ADA certification enables SFGHMC to bill Medicare for diabetes education provided in these clinics. It also provides guidance based on national standards and practice to our diabetes education programs.

The initial application process involved site visits, program development, and data collection. The year-long effort was made possible by a SFGH Foundation Hearts grant and the leadership of Project Coordinator, Ivonne Mclean and Diabetes CNS, Amalia Fyles.

Mental Health Board Gala and Awards

The San Francisco Mental Health Board held its first gala Awards Reception on May 31, 2007 at The Arc of San Francisco to celebrate *Exceptional Programs and People*. Among those who attended were Chief Heather Fong, Public Defender Jeff Adache, Judges Morgan, Ballati and Tsenin and Supervisor Maxwell. The keynote speaker for the evening was Assemblyman Mervyn Dymally, Chair of the Health Committee for the California State Assembly. Belva Davis was the Mistress of Ceremony for the evening.

The Mental Health Board selected programs from five areas.

- **Criminal Justice Response to Mental Illness.** San Francisco Police Department, Behavioral Health Court, Jail Psychiatric Services
- **Foster Care and Mental Illness.** Foster Care Mental Health Services, A Home Within, Honoring Emancipated Youth (HEY), Family Mosaic, Robin Love
- **Violence Prevention.** The SAGE Project, Instituto Familiar de la Raza, Urban Services, YMCA, Girl's 2000 Hunters Point Family, Mission Community Response Network, Brothers Against Guns, CHALK, Larkin Street Youth Services, United Playaz, Homeless Children's Network, Supervisor Sophie Maxwell
- **Healthy Workplace Awards.** Richmond Area Multi-Services, Edgewood Center for Children and Families, Conard House, Iris Center, Huckleberry Youth Programs, Youth Leadership Institute, Oakes Children's Center, Curry Senior Center, The Volunteer Center
- **Community Leadership Award.** Mental Health Association of San Francisco

The Mental Health Board was pleased to honor so many deserving programs and individuals.

TB in the News

National news was dominated recently by the story of an individual with XDR TB who traveled internationally, possibly exposing others to this extreme drug resistant form of the disease. Dr. Masae Kawamura, Director of TB Control and Prevention, was invited to write an Op Ed by the *New York Times* on the global nature of TB and the need for more resources to support improved testing, research and treatment.

Staff Appointed to Suicide Prevention Advisory Committee

Tina Yee, CBHS Director of Cultural Competency and Client Relations, and Al Gaw, MD, CBHS Medical Director of Quality Improvement, were appointed by Gov. Schwarzenegger to serve on the Advisory Committee to the California Department of Mental Health (DMH) for Developing the California Strategic Plan for Suicide Prevention. Governor Schwarzenegger has requested that the DMH develop a Plan by May 1, 2008.

Text Messaging Project Wins Tech Award

ISIS (Internet Sexuality Information Services) has received a Techie award for the development of SEXINFO, the sexual health text messaging information service targeting adolescents in San Francisco. The service was designed in response to rising rates of sexually transmitted infections (STIs) among African-American youth, and provides information and local referrals on everything from STIs and HIV, to what to do if someone's hurting you. SEXINFO is a project within the STD Prevention & Control Section.

Commissioners' Comments

- Commissioner Guy said that once again the budget did not include any funding for prevention and promotion initiatives.

- Commissioner Monfredini said she knows that the Health Commission put the Department in a difficult position when it sent an unbalanced budget across the street, but the Commission had to send a message that enough was enough. She appreciates the time and professionalism that Dr. Katz, Mr. Sass, Ms. Kronenberg and others exhibited during this process. Commissioner Monfredini does not understand the outreach required at San Francisco Airport. Ms. Garcia said there are 50-60 people who use the airport as a respite, and they are working with airport leadership on this issue.

- Commissioner Watson asked for a comparison of the budget DPH sent to the Mayor and what was issued on Friday. Mr. Sass said DPH's proposed budget largely funded its regulatory and structural needs. In addition, the Health Commission was opposed to reductions that did not make policy sense. What came back was that the structural and regulatory needs were not fully funded, and the Mayor's Office needed to cut all the addbacks in order to balance the budget.

- Commissioner Illig would like a side-by-side comparison of what the Department submitted and what is proposed by the Mayor. Mr. Sass will get this information.

- Commissioner Sanchez left at 5:20 p.m.

- Commissioner Dodd said the LHH IT upgrade and LHH discharge unit were moved into the structural and regulatory section of the budget. She confirmed with Gregg that neither was funded. All of the new initiatives sound great, but did they ever come before the Health Commission for prioritization? Mr. Sass said several came before the Commission, but some of the new initiatives came to the Mayor via other avenues. She would like the Health Commission to make a statement to the Board of Supervisors that this budget proposal is unacceptable. She is thinking about the people that came to the Commission's hearing, particularly the cancer patients, for whom it requires tremendous effort to come to a hearing. They should not be made to go through this at the Board of Supervisors level.

- Commissioner Illig said the commissioners must communicate to the Mayor's Office their disappointment that the Mayor dismissed the Commission's work and added things that the Commission does not consider priorities. Supervisors are getting hundreds of e-mails opposing the cuts to inpatient psych. and DPH staff and commissioners need to educate supervisors as to why this proposal, and moving patients into community care, is good policy.

- Commissioner Guy said the Commission needs to advocate collectively and individually. The Beilenson Hearing is the venue to advocate collectively. Commissioner Guy is very upset.

- Commissioner Dodd said the Commission must determine which services to advocate for. This is in the context of all the budget proposals being important. But some will resonate with the Board more than others.

- Commissioner Chow would like the side-by-side comparison, to clearly see what issues we are faced with and what we should advocate to be added to the budget. The Commission should focus on critical needs. For example, the Commission may not want to advocate for all the addbacks. The Commission needs to prioritize its request. Dr. Katz said there are two ways to influence the budget from this point forward. Individual board members will all have opportunities to add things to the budget. Commissioners can meet with individual supervisors based on the individual supervisor's interest. It would be useful if the Commission had a prioritized list. This may be difficult to do at this time and it may not be that useful. The most impact the Commission will have is on the individual level.

- Commissioner Watson asked for details about the Homeland Security backfill. Mr. Sass said there were a series of UASI grants that are expiring that fund a variety of things. He can provide more detail about what the backfill funds.

- Commissioner Illig asked what the $1 million HIV/AIDS rollover entails. Mr. Sass said that this year's budget includes $1 million that the Board allocated that has not been spent. This money was included in the base, with $1 million in the proposed budget, resulting in $2 million toward offsetting the cuts. Commissioner Illig said Supervisor Dufty has said he is committed to the Board of Supervisors backfilling the entire cut, and he wants a clear understanding about what funding gap still exists. Mr. Sass said he is working closely with the Mayor's Office to get this information. Regarding UASI, Commissioner Illig recalls that all money was going to be funded through the Office of Emergency Services. Dr. Katz replied that the flow of money will be through OES. Commissioner Illig asked if DPH's budget includes the cost of the recent agreement with the nurses. Mr. Sass said that the Mayor's Office will be funding costs associated with new MOUs.

- Commissioner Monfredini left at 5:45 p.m.

- Commissioner Chow reiterated the need for the Commission to see a budget comparison. Commissioners must be very careful not to represent a Commission position when it does not have one. The value of all programs can be conveyed by individual commissioners.

- Commissioner Dodd suggested as a process that once the Commission gets the list from Mr. Sass, members look at the list in the context of the JCCs and the JCC chairs, in consultation with other JCC members, outline those things the Commission wanted funded and why, and that while the Commission did not prioritize programs, it clearly stated at its budget hearings that these programs are important. She also suggested that the Commission president speak on behalf of the Health Commission at the Beilenson Hearing and supply the list that is developed so that the Commission's voice is clearly in writing to the Board of Supervisors. This written document should be added to the Health Commission's June 19th agenda.

- Commissioner Guy asked Ms. Garcia to comment on the health disparities initiatives. Ms. Garcia said that the Mayor's budget includes funding for an initiative in the Bayview. The community groups that worked with DPH to develop these proposals have already made their funding requests to the Board of Supervisors, and will join the Commission in its advocacy. Dr. Katz stated that the most effective message the Health Commission could send across the street is a specified list of the Health Commission's three top priorities. Commissioner Guy said she would like to evaluate lessons learned from this year's budget so that next year the Commission knows exactly what to do when presented with this situation. We also need to look at how the quarterly financial reports can help the Commission prepare.

- Commissioner Illig said there needs to be a placeholder on the June 19th agenda for a resolution setting budget priorities.

- Commissioner Guy said it is structurally demonstrated again in this year's budget that prevention and health promotion activities get sidelined. The epidemiologist request was less than $100,000. The same holds for the cancer educator. The budget funds a program for victims of gun violence, and appropriately so, but cuts out the program that is focused on preventing violence. The City is not in deficit mode anymore, but yet is still not funding prevention. This has to become part of our structure. For less than $300,000, we are losing tremendous resources and opportunities.

- Commissioner Chow asked if there is flexibility within the DPH budget to undertake programs that are critical to its mission. Dr. Katz there is very little flexibility if those services are not budgeted. Dr. Katz added that it is not too early to prepare for next year's budget.

## 5) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JUNE

Commissioner Chow presented the Employee Recognition Awards for the month of June. The awards were presented to Sui Har Kwong, Doris Richard and Bronwyn Gundogdu, R.N.

## 6) PRESENTATION OF THE LAGUNA HONDA ANNUAL REPORT AND 2007-2008 STRATEGIC PLAN, AND CONSIDERATION OF A RESOLUTION APPROVING THE STRATEGIC PLAN, INCLUDING A CHANGE TO THE MISSION STATEMENT AND THE VISION STATEMENT

John Kanaley, LHH Executive Administrator, presented the Laguna Honda Hospital and Rehabilitation Center Annual Report. He began by introducing the executive staff: Rowena Tran, Dr. Paul Isakson, Mivic Hirose, Pat Skala, Bob Thomas, Tom Radenberg, Dr. Hosea Thomas, Dr. David Woods, Arla Escontrias, Cheryl Austen and Gayling Gee.

Mr. Kanaley reviewed Laguna Honda's mission and vision statements. He provided demographic information for residents they serve. Mr. Kanaley highlighted 2006-2007 accomplishments in Clinical Programs, Education and Organizational Development, Safety and Security, Organizational Structure, Communication and Leadership, Budget, Finance and Revenue, Information Systems, Quality Management, Human Resources and the Replacement Project. Below are a few accomplishments from each area.

Clinical Programs

- **Passed the 2007 annual DHS Licensing & Certification Survey with one visit**
- Expanded HIV/AIDS program from 29 to 55 beds.
- Expanded rehabilitation program to 51 beds.
- Reduced medication error rate to 1.2% and improved Medication Pass Efficiency rate by 10%.
- Purchased new medication carts and pharmacy software to improve clinical, operational and financial aspects of medication management.
- Zero medication errors found during L&C Survey.
- Began development of Snoezelen Room for dementia residents
- Increased the number of residents with one or more Restorative Nursing Programs
- Led the nation in quality of care indicators around pressure ulcers, falls and the use of restraints.

*Education and Organizational Development*

- Created an Education Council
- Enhanced hospitalwide and departmental employee orientation programs.
- Developed cultural competency training initiatives.

Safety and Security

- Improved safety and security through improved lock systems and monitoring.
- Expanded cadet programs on entrances
- Restructured and enhanced Environmental Health & Safety Program

Organizational Structure, Communication and Leadership

- Improved infrastructure through hiring of new budgeted positions.
- Expanded Department of Education and Training
- Expanded Quality Management department.

Budget, Finance and Revenue

- Enhanced IS billing systems through conversion to Siemens Invision systems
- Developed online pharmacy billing
- Reached collections target of $108 million.

Information Systems

- Purchased new pharmacy system
- Upgraded trust accounting software
- Updates to ADL MDS system

Quality Management

- Went through three DHS surveys
- Enhanced survey preparation activities
- Created a Nursing Quality Improvement Council.

Human Resources

- Increased hospital-wide completion of performance appraisals—90.5% in 2006.
- Conducted a nursing assignment rebid process hospital wide.

Replacement Project

- RFP & contractor selected for planning and procurement of F&E.
- RFP and contractor selected for operational planning and budget development
- Identified evidence-based design resource to enhance quality of life, reducing aggression and problem behavioral and enhancing resident and staff safety
- Approved phasing for remodel of existing buildings
- Began work on Assisted Living feasibility study.

Mr. Kanaley said the hospital has had its challenges, including three DHS surveys in both 2005 and 2006, staffing shortages, media and community relations and improving staff morale. Mr. Kanaley described where the hospital is going. They will move into the new facility in 2008-2009 and must plan for the transition now. The focus will be on building the buildings, preparing the staff and developing operational plans. The strategic plan will guide them in this transition process. The Combined Leadership Team, which consists of approximately 40 people, developed the strategic plan for fiscal year 2007-2008. As part of the planning process, they created a new mission statement and a new vision statement. The Combined Leadership Team felt that the new vision statement more accurately reflects where they see the hospital going. In order to get there, the strategic plan includes three goals: Transition Planning—build and initiate the operational planning for the new hospital, Communications—establish and improve communication within and outside LHH, and Quality Improvement—ensure regulatory compliance, performance improvement and high-quality care.

Mr. Kanaley said that the reason the leadership team recommended changing the mission and vision statements is to put both in terms that every staff could recognize and recite, and that more accurately reflect how the staff carries out its work. The new mission statement reads: *To provide high quality, culturally competent rehabilitation and skilled nursing services to the diverse population of San Francisco.* The new vision statement reads: *To be an innovative world-class center of excellence in long-term care and rehabilitation.*

Public Comment
Patrick Monette Shaw said the proposed mission and vision statements are too vague. Too vague language has been a problem for the hospital in the past. He urged the Commission to reinstate the short-term and long-term care language into the mission statement. With regard to the vision statement, the Laguna Honda Hospital Foundation decided that the hospital should not pursue Center of Excellence status, and the Commission should table changing the vision statement until talking to Louise Renne about this issue.

## 7) LAGUNA HONDA REBUILD UPDATE

John Thomas, Program Manager, LHH Replacement Program, presented an update on the Laguna Honda Hospital and Rehabilitation Center's Replacement Project.

The replacement of Laguna Honda Hospital has been ongoing for six years. Now, nearly two years into the construction of the new buildings, the primary challenge is to minimize schedule slippage and control changes. The three buildings are 45% complete. The current schedule for the buildings is as follows:

| Building | Completion | FF & E + Move In | Move In |
|---|---|---|---|
| Link | February 2009 | 4 months | July 2009 |
| South | January 2009 | 4 months | July 2009 |
| East * | April 2009 | 4 months | July 2010 |
| Link-East Connector | June 2010 | | |
| Existing Hospital Remodel – Phase 1 | January 2009 | | July 2009 |
| Existing Hospital Remodel – Phase 2/3 | | | |
| Site Package 3 | | | |

Assisted Living Feasibility Study
The Assisted Living Facility will be a licensed, medical model ALF. The resident population served in these ALF beds would be those residents currently at Laguna Honda Hospital or who would otherwise be admitted to Laguna Honda who can be cared for at a lower level of care. The contract with Anshen & Allen was modified to include a study of alternatives to the 140 unit assisted living facility described in the EIR. The study will be concluded by September 2007.

LHHRP has selected Criterion Systems to provide consulting services to verify all FFE specification, update the budget and support procurement and installation of all equipment and furnishing. Staff and hospital leadership are collaborating with the DPH CFO and the Mayor's

Office of Public Policy and Finance to determine the best method of financing the FFE expenses for the replacement. Only major built-in systems such as the IT server, PBX equipment, built in radiology equipment and other long lead time items must be funded and purchased in FY 07-08.

Critical Issues

- Schedule delays, including weather, OSHPD and contractor staffing
- MEP, kitchen and security coordination
- Remodel of C&H wings budget
- Timely vacating of exiting hospital for final site work
- West residence building decision.

Public Comment

Patrick Monette-Shaw said the Board of Supervisors resolution passed in 1999 dedicated the city to build a sufficient number of skilled nursing beds. There will be a significant growth over the next 10 years of frail elders with Alzheimer's. Dr. Katz's white paper indicated that there would be a shortage of SNF beds, even if community alternatives were built. The Health Commission has a fiduciary responsibility to plan 20, 30 and 40 years out. The Health Commission should advocate to the Board of Supervisors for the 1,200 bed facility. Also the Health Commission should ask the board to allocate money for the west tower and dedicate at least $400 million to build alternative community placement options.

Norma Satten, Long Term Care Coordinating Council, commended the hospital for looking forward to being a long-term care center of excellence and planning for a future that will have many older people, but more independent older people. We need skilled nursing beds but we need a full range of services.

Dr. Grace Demman said the staff is about to go into free fall. How many patients, how many staff, who's going to go into the new building—these are all critical questions and unknown.. Mr. Kanaley has done a spectacular job, but "the move" does not really have a timeline. The Health Commission will need to amp up just as staff will, if this is going to happen.

Commissioners' Comments

- Commissioner Monfredini said as soon as she heard that Laguna Honda had passed its survey, she called every one of her colleagues. Everybody was so pleased and impressed.

- Commissioner Sanchez, who is a member of the Laguna Honda Hospital Joint Conference Committee, said there have been some really challenging undertakings over the past number of years. This has led to an integrated model of discussion among hospital staff, a renewed focus on patient care and a vision of shared leadership to achieve quality patient care. It has been an honor to serve with dedicated professionals. The hospital has encouraged outside entities—Stanford, professional associations, etc.—to become part of the dialogue. This was not the case in the past. The new hospital will be a flagship facility.

- Commissioner Chow said he has seen continued improvement and emphasis on quality care. The staff has completed a consuming task of initiatives on top of their day-to-day work. The new strategic plan is equally ambitious. There has been an entire change in the approach to patients over the past 20 years. The rebuild will give us a new physical plant. The transition planning will give us a new operational approach. He noted that the replacement project is still on budget. He commended the resolution approving the strategic plan. The team has demonstrated what it can accomplish, and the Health Commission owes them a vote of confidence by approving the statement. He will propose a resolve clause that explicitly states what the mission statement and vision statement are.

- Commissioner Dodd said a remarkable change has occurred at Laguna Honda. She emphasized that refining the mission statement and vision statement in no way changes the commitment to a continuum care that embraces long-term care, rehabilitation and end of life care.

- Commissioner Illig served on the LHH JCC as a new commissioner. He found that this is a very committed staff and an important activity that the city needs to support and expand. They have accomplished so much of their plan. He specifically applauded the level of performance evaluations. In addition, passing the licensing survey on the first round is astounding. He was a little concerned about the changes to the mission and vision statements, particularly about dropping the term "continuum of care." Those are very important elements of this institutions—LHH is an integral part of DPH's continuum of care. He also noted that there is still part two of the Davis settlement hanging over the Department's head, and being part of the continuum allows those who can be rehabilitated can be moved into the community. He knows that staff knows this, and understands the reasons behind the changes to the statements.

- Commissioner Guy said it is remarkable that staff was able to sustain its commitment in the face of so many challenges, such as the computer virus, and yet still pass the licensing survey on one try. This shows that staff has respect in themselves and the residents. Commissioner Guy said we need to move toward a center of excellence—this is the concept of our time. In another 10 years, the concept of dependence and independence might change. She would like to feel more confident about the transition timelines. For example, four months seems a little naïve for move in period. She would like the Laguna Honda Hospital Joint Conference Committee to keep informed about this issue. She attended the May 30th community meeting and what she heard loud and clear is that there must be new venues for discussing the assisted living facility. During the Proposition A discussions, staff and others really engaged with the community, and the assisted living facility planning could benefit from a similar process. She recalls the difficult discussions from a number of years ago about education and training needs and resources. She appreciates the leadership around training and education that must happen to modernize who we are. She wants the Joint Conference Committee to work hard on the issue of computer and technology resources. You cannot have modernized service without appropriate informational technology. Mr. Kanaley said the IS steering committee met yesterday. Over the next six months, the committee will develop a plan that will address the clinical applications and what needs to be done between now and when they move into the new building about where the clinical applications need to be. They will have this plan by the end of the year.

- Commissioner Dodd asked that this plan be reported to the Health Commission when it is complete.

- Commissioner Monfredini commended Mr. Kanaley and his extraordinary staff. Mr. Kanaley has been a true leader.

- Commissioner Chow stated that his colleagues' comments about Laguna Honda Hospital being part of the DPH safety net and continuum of care are very important, and he proposed an amendment to the resolution which memorializes this important role.

Action Taken: The Commission approved Resolution 06-07, "Approving the Update of the Laguna Honda Hospital and Rehabilitation Center 2007-2008 Strategic Plan" with the following additions:

1st Whereas Clause: *WHEREAS Laguna Honda Hospital and Rehabilitation Center is a part of the Department of Public Health safety net and provides a continuum of care for its residents in the least restrictive setting, thereby supporting their highest level of independence; and*

RESOLVED, that the Health Commission adopts Laguna Honda Hospital and Rehabilitation Center's FY 2007-2008 Strategic Plan, including its goals and objectives and the change to the Mission Statement, *"to provide high quality, culturally competent rehabilitation and skilled nursing services to the diverse population of San Francisco*" and Vision Statement, *"to be an innovative world-class center of excellence in long-term care and rehabilitation*; and be it

## 8) PUBLIC COMMENT

Patrick Monette-Shaw said two years is too long to wait for a decision on the west building. The Health Commission should advocate for 1,200 beds, and make this decision now. And advocate that the Board allocated Tobacco Settlement Funds for community-based services and pass legislation setting a spending roadmap. He asked that the Commission advocate restoring the LHH transition unit and regulatory positions in the budget. Laguna Honda's patient would appreciate having that regulatory funding restored.

## 9) COMMISSIONER REPORTS/ANNOUNCEMENTS

## 10) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Illig said a group of physicians attended to May CHN JCC to discuss the 5150 issue. It is a priority of Barbara Garcia to work with these individuals to provide some relief. At the last meeting there was a very good presentation from Dave Counter about the Department's IT program. Commissioner Illig wants to bring a resolution to the Commission regarding the IT direction, asking that it focus on integration of systems.

## 11) OTHER BUSINESS

## 12) ADJOURNMENT

The meeting was adjourned at 6:30 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

## Health Commission
## City and County of San Francisco
## Resolution No. 06-07

### Approving the Update of the Laguna Honda Hospital and Rehabilitation Center 2007-2008 Strategic Plan

WHEREAS Laguna Honda Hospital and Rehabilitation Center is a part of the Department of Public Health safety net and provides a continuum of care for its residents in the least restrictive setting, thereby supporting their highest level of independence; and

WHEREAS, in November, 2004, the San Francisco Health Commission adopted the Department of Public Health's 2004 Strategic Plan; and

WHEREAS, in March 2005 the Health Commission adopted a resolution (Resolution 04-05) approving the Laguna Honda Hospital and Rehabilitation Center's 18-month Strategic Plan; and

WHEREAS, a series of retreats were held by the Laguna Honda Hospital Combined Leadership Team, which consists of the executive staff, medical executive staff, nursing executive staff and key leadership of clinical and support services, to develop the FY 2007-2008 Strategic Plan; and

WHEREAS, the purpose of the Hospital's strategic planning effort has been to: 1) identify and confirm the Hospital's Mission, Vision, and goal priorities for the next 18 months, 2) respond to the Hospital's changing operational, infrastructural and health delivery needs, 3) develop the foundation of a 3-year plan in anticipation of moving into the new hospital building, 4) identify the priorities the Hospital should target for its resources; and

WHEREAS, as part of the strategic planning process, the Combined Leadership Team recommended modifying Laguna Honda Hospital and Rehabilitation Center's Mission Statement and Vision Statement to make the statements more concise and resident-centered; and

WHEREAS, the 2007-2008 Strategic Plan has three goals—Transition Planning, Communication and Quality Improvement—with each goal having objectives, strategies and timelines; now, therefore, be it

RESOLVED, that the Health Commission adopts Laguna Honda Hospital and Rehabilitation Center's FY 2007-2008 Strategic Plan, including its goals and objectives and the change to the Mission Statement, "to provide high quality, culturally competent rehabilitation and skilled nursing services to the diverse population of San Francisco" and Vision Statement, "to be an innovative world-class center of excellence in long-term care and rehabilitation; and be it

**Health Commission**
**City and County of San Francisco**
**Resolution No. 06-07 (continued)**

FURTHER RESOLVED, that the Hospital shall monitor and evaluate the outcomes and indicators of each strategy, objective, and goal and report periodically to the Laguna Honda Hospital Joint Conference Committee of the Health Commission.

I hereby certify that the foregoing resolution was approved by the Health Commission at its June 5, 2007 meeting.

Michele M. Seaton
Executive Secretary to the Health Commission

**City and County of San Francisco**
**HEALTH COMMISSION**
**Department of Public Health**
**101 Grove Street, Room #311**
**San Francisco, CA 94102**

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**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
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Director of Health

**Michele M. Seaton**
Executive Secretary

**TEL (415) 554-2666**
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**Web Site: http://www.sfdph.org**

# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, June 19, 2007**
**At**
**1:00 p.m.***
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

9/ 7

12.35 p.m. mst
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***PLEASE NOTE THE EARLIER MEETING TIME**

*The Budget Committee of the Commission will consider the consent calendar on this agenda at 12:30 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.*

*Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.*

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 5, 2007
**Minutes of the meeting of June 5, 2007*

3) **PROPOSED ACTION**: **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**

(Commissioner David J. Sanchez, Jr., Ph.D.)

For Approval

*(3.1)* **BHS –** Request for approval of a contract renewal with ZiaLogic, in the amount of $80,715, which includes a 12% contingency, to provide behavioral health integration services, for the period of July 1, 2007 through June 30, 2008 (1 year).
** Contract summary*

*(3.2)* **PHP-Housing & Urban Health –** Request for approval of a multi-year sole source renewal contract with Lutheran Social Services, in the amount of $589,082, which includes a 12% contingency, to provide supportive housing services and rental subsidies at the Folsom-Dore Apartments, targeting homeless adults, for the period of July 1, 2007 through June 30, 2009 (2 years).
** Contract summary*

*(3.3)* **PHP-Housing & Urban Health –** Request for approval of a retroactive contract modification with Caduceus Outreach Services, in the amount of $100,000, for a total contract of $294,805, which includes a 12% contingency, to provide case management, psychiatric treatment and policy advocacy services targeting homeless adults, for the period of July 1, 2005 to June 30, 2007 (2 years).
** Contract summary*

*(3.4)* **Central Administration-Office of Policy and Planning –** Request for approval of the resolution approving FY 2007-2008 recurring state grants.
** Request memo, Resolution, List of Grants*

*(3.5)* **PHP-Community Health and Safety Services/HIV Research –** Approval to retroactively accept and expend funding and to enter into a new subcontract from the Public Health Foundation Enterprises, Inc., to support the research of the San Francisco HIV Vaccine and Prevention Unit for a seven-year project, for the total amount of $1,244,193, for the period of January 1, 2007 through December 31, 2013.
** Request memo, Grant information form, Budget pages*

*(3.6)* **PHP-Community Health and Safety Services/HIV Seroepidemiology** – Approval to retroactively accept and expend a new grant to the Department of Public Health from the Public Health Foundation Enterprises to investigate mirtazapine's efficacy in reducing methamphetamine use among men who have sex with men (MSM), in the amount of $95,851, for the period of March 1, 2007 through May 31, 2008.
** Request memo, Grant information form, Budget pages*

For Discussion and Approval

*(3.7)* **CHN-SFGHMC/Radiology** – Request for approval of three contract modifications with Medical Contracting Services, Platinum Select, LP and The Registry Network, Inc., to extend the shared contracts for one year through June 30, 2008, to provide intermittent, as-needed, professional services of Per Diem and Traveling Radiology Technologists with on-call availability 7 days a week, for San Francisco General Hospital Medical Center, in the amount of $2,180,000, for the period of July 1, 2007 through June 30, 2008 for a total value of $4,330,000, for the period of July 1, 2006 through June 30, 2008 (1 year).
** Contract summary, Vendor rate page, Monitoring report summaries*

*(3.8)* **PHP-Central Admin.** – Request for a contract with PB Strategies, LLC, in the amount of $1,840,070, which includes a 12% contingency, to provide capital integration planning, program management, bond planning and community outreach services, for period of July 1, 2007 through June 30, 2011 (4 years).
** Contact summary, Progress summary pages, Monitoring report summary*

*(3.9)* **BHS** – Request for approval to renew the contract with the Volunteer Center of San Francisco, in the amount of $1,070,047, which includes a 12% contingency, to provide outreach services to mental health clients, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

*(3.10)* **BHS** – Request for approval of a sole source new contract with the Regents of the University of California, in the amount of $1,454,153 per year for a total contract value of $2,442,978, which includes a 12% contingency, to provide child and adolescent psychiatric services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary*

*(3.11)* **Community Health Services** – Request for approval of a renewal contract with RTZ Associates, Inc. in the amount of $291,200, which includes a 12% contingency, $260,000 to provide a discharge planning and a housing system for the period of July 1, 2007 through June 30, 2008.
**Contract summary, Monitoring report summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **SAN FRANCISCO GENERAL HOSPITAL REBUILD PRESENTATION**
(Gene O'Connell, SFGHMC Executive Administrator)
**Report*

6) **FOR ACTION:** **RESOLUTION REAFFIRMING COMMITMENT TO TRAUMA CARE AT SAN FRANCISCO GENERAL HOSPITAL**
(Robert MacKersie, M.D.)
**Resolution*

7) **FOR ACTION:** **TOBACCO FREE PROJECT COMMUNITY PRESENTATION AND CONSIDERATION OF A RESOLUTION SUPPORTING THE ADOPTION OF PRIORITY FUNDING INDICATORS**
(Mele Lau-Smith, Tobacco Free Project)
**Report and Resolution*

8) **FOR ACTION:** **RESOLUTION REGARDING FY 2007-2008 BUDGET PRIORITIES**
(Health Commission)
**Resolution*

9) **COMMISSIONER REPORTS/ANNOUNCEMENTS**

10) **FOR DISCUSSION:** **JOINT CONFERENCE COMMITTEE REPORTS**
(Reports by the Chairs of the Joint Conference Committees)

11) **PUBLIC COMMENT** **

12) **OTHER BUSINESS*****

13) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity for Health Commissioners to raise issues that fall within the subject matter jurisdiction of the Health Commission for discussion and referral to a future Health Commission or Health Commission Joint Conference Committee meeting.

**Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

## Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

## San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

## Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
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**Department of Public Health**

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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, June 19, 2007**
**At**
**1:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

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## 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 1:00 p.m.

Present:
Lee Ann Monfredini, President
Edward A. Chow, M.D. – arrived at 1:55 p.m.
Roma P. Guy, M.S.W.
James M. Illig
Markus Watson, D.D.S.

Absent:
Catherine Dodd, R.N., Ph.D.
David J. Sanchez, Jr., Ph.D., Vice President

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 5, 2007

Action Taken: The Commission approved the minutes of the June 5, 2007 Health Commission meeting.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired and Commissioner Watson attended the Budget Committee. The Budget Committee requested that Item 3.5 and Item 3.6 be moved to the discussion section of the Budget Committee agenda.

For Approval

*(3.1)* **BHS** – Request for approval of a contract renewal with ZiaLogic, in the amount of $80,715, which includes a 12% contingency, to provide behavioral health integration services, for the period of July 1, 2007 through June 30, 2008 (1 year).

*(3.2)* **PHP-Housing & Urban Health** – Request for approval of a multi-year sole source renewal contract with Lutheran Social Services, in the amount of $589,082, which includes a 12% contingency, to provide supportive housing services and rental subsidies at the Folsom-Dore Apartments, targeting homeless adults, for the period of July 1, 2007 through June 30, 2009 (2 years).

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For Discussion and Approval

*(3.5)* **PHP-Community Health and Safety Services/HIV Research** – Approval to retroactively accept and expend funding and to enter into a new subcontract from the Public Health Foundation Enterprises, Inc., to support the research of the San Francisco HIV Vaccine and Prevention Unit for a seven-year project, for the total amount of $1,244,193, for the period of January 1, 2007 through December 31, 2013.

Commissioners' Comments

- Commissioner Watson asked about the community education component. Susan Buchbinder replied that there is a large community education effort with a number of forums—a booth at Pride Parade, relationships with community-based, etc. She offered to meet with Commissioner Watson to talk in more detail about this project.

*(3.6)* **PHP-Community Health and Safety Services/HIV Seroepidemiology** – Approval to retroactively accept and expend a new grant to the Department of Public Health from the Public Health Foundation Enterprises to investigate mirtazapine's efficacy in reducing methamphetamine use among men who have sex with men (MSM), in the amount of $95,851, for the period of March 1, 2007 through May 31, 2008.

Commissioners' Comments

- Commissioner Watson asked when we could expect to see outcomes. Grant Colfax replied that there are 60 participants in a blinded study. He anticipates results at the end of the study, in late 2010.

*(3.7)* **CHN-SFGHMC/Radiology** – Request for approval of three contract modifications with Medical Contracting Services, Platinum Select, LP and The Registry Network, Inc., to extend the shared contracts for one year through June 30, 2008, to provide intermittent, as-needed, professional services of Per Diem and Traveling Radiology Technologists with on-call availability 7 days a week, for San Francisco General Hospital Medical Center, in the amount of $2,180,000, for the period of July 1, 2007 through June 30, 2008 for a total value of $4,330,000, for the period of July 1, 2006 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Watson asked what challenges exist for hiring permanent staff for these positions. Richard Hollingsworth said the greatest need is for technologists that perform specialty exams. With the help of the Health Commission, SFGH has been able to be fully staffed at for the entry level positions, but now have openings in the next level. The hope is that as entry level staff get experience, they will be able to perform more complex exams.

*(3.8)* **PHP-Central Admin.** – Request for a contract with PB Strategies, LLC, in the amount of $1,840,070, which includes a 12% contingency, to provide capital integration planning, program management, bond planning and community outreach services, for period of July 1, 2007 through June 30, 2011 (4 years).

Commissioners' Comments

- Commissioner Monfredini asked if the contract allows for enough hours to do the bond planning. Mark Primeau said he is working very closely with Gene O'Connell and Kathy Jung on the rebuild project. With Lynn Valente's help, they will be preparing really tight bid estimates so that when bids are submitted, they come within 1-2% of the estimates.

*(3.9)* **BHS** – Request for approval to renew the contract with the Volunteer Center of San Francisco, in the amount of $1,070,047, which includes a 12% contingency, to provide outreach services to mental health clients, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

Commissioners' Comments

- Commissioner Watson asked how the program selects clients. John Powers, Executive Director, said staff does a lot of outreach and work very closely with mental health professionals. They cast a broad net, and those clients that are referred are all invited to an orientation. From there, they do a one-on-one orientation.

*(3.10)* **BHS** – Request for approval of a sole source new contract with the Regents of the University of California, in the amount of $1,454,153 per year for a total contract value of $2,442,978, which includes a 12% contingency, to provide child and adolescent psychiatric services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

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Action Taken: The Commission (Guy, Illig, Monfredini, Watson) approved the Budget Committee Consent Calendar.

## 4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Healthy San Francisco Regulations Released for Public Comment
As we approach the July 2nd debut of Healthy San Francisco in Chinatown, the Department is moving along with its requirement to seek public input on the draft regulations released last Friday. The draft regulations were posted on a number of websites such as www.sfdph.org and www.sfhp.org/HealthySanFrancisco, they are also available for review at the San Francisco Public Library Government Information Center and here at 101 Grove Street. Additionally, the regulations can be found on the San Francisco Office of Labor Standards and Enforcement's Health Care Security Ordinance webpage. All interested parties can provide written comments to Tangerine Brigham from June 15 -27th. The draft is officially entitled, "Regulations Implementing Healthy San Francisco and Medical Reimbursement Account Provisions of the San Francisco Health Care Security Ordinance".

On July 17, 2007, this Health Commission will consider the draft regulations for adoption at a public hearing and will provide the public with an opportunity to make additional oral comments and testimony.

Health Inspectors Join Enforcement Efforts on Styrofoam
The Bureau of Environmental Health Services has been working with the Department of Environment on the initial implementation of the Food Service Waste Reduction Ordinance aka *Styrofoam Ban Ordinance* that went into effect on June 1st. Prior to this date, we have been emphasizing education to all of our 6,000 restaurants, deli's and other food establishments.

Since the law went into effect without new resources, we have been looking at ways of enforcement that are most efficient. Our health inspectors have added this to their observations whenever they are in the field and they, in turn, will communicate to the Department of Environment and City Administrator, any site that may be using the banned Styrofoam or appears to be out of compliance. I appreciate the added responsibility that the health inspectors have taken on in helping to keep Styrofoam out of San Francisco.

Bomb Threat at SFGH
Staff at the Seneca Center in the Behavioral Health Center on the SFGH campus received a bomb threat Wednesday afternoon June 6th. Following our emergency response procedures, we worked with the San Francisco Sheriff's Department and the San Francisco Police Department Bomb Squad to discover the device, create an appropriate perimeter, and to render the device safe. This was the second incident in recent history, the first occurred on May 22nd. Post-incident debriefings were conducted after each occurrence with leadership from SFGH and SFSD. The reviews revealed improvements in the response to the second incident and additional areas of focus for further improvement, particularly in cases where the media becomes involved. Future drills/trainings with

staff are planned with a focus on the red brick buildings, where communication channels are less developed.

Shape Up San Francisco

The Shape Up San Francisco Coalition received a $500,000 Safe Routes to School grant to run from September 1, 2007 through August 30, 2009. Leading this grant is the Community Health Promotion and Prevention unit with partners from the SF Unified School District; Department of Children, Youth and Families; San Francisco Police Department, Municipal Transportation Authority and the Bicycle Coalition.

The goals of this grant are to:

- Increase bicycle, pedestrian, and traffic safety around schools
- Decrease traffic congestion around schools
- Reduce childhood obesity by increasing number of children walking and biking to school
- Improve air quality, community safety and security, and community involvement around schools

Project Homeless Connect—Bay View Hunters Point

Project Homeless Connect held another successful event last month, this time in Bayview Hunters Point at the Southeast Health Center. Over 500 volunteers and 200 non-profits and government agencies provided services to clients. As the Commissioners are aware, volunteers from the Department of Public Health are a critical piece in the success of these events. We are especially grateful to Dr. Mark Ghaly, Director of Southeast Health Center, and his staff for their outstanding work in making this BVHP event a rewarding day for everyone.

Here are some of the health-related outcomes for the 591 homeless clients who were served:

- 93 people received benefits assistance (SSI, food stamps, GA)
- 39 people received mental health and substance abuse services
- 20 received HIV tests
- 104 received glasses
- 73 received medical care (40 were given follow up appointments)
- 28 received dental procedures (extractions, cleanings, fillings)

Other non-medical services that clients received were: haircuts, care for their pets, new bank accounts, voicemail accounts, groceries and meals. At the end of the day, 45 individuals were in housing and shelters. The next PHC is August 29th back at Bill Graham Civic Auditorium.

Launch of Pilot Internship Program for High School Students

I am happy to report that the Department's summer internship program for high school students has begun. This pilot project is sponsored by Community Health Promotion & Prevention and the Department's Human Resources Division in collaboration with the San Francisco Unified School District's School-to-Careers Office and the Hakima Project at Southeast Community College.

Eight high school students interested in health and information technology careers have been matched with mentors throughout the Department. During the six-week internship, the mentors will orient the students to their work unit, and provide assignments and opportunities for job shadowing. The pilot program also includes weekly group activities related to public health topics and career exploration. Please join me in welcoming a number of the interns who are here today attending their first Health Commission meeting. We wish them a successful summer.

### Community Health Network, San Francisco General Hospital, June 2007, Credential Report

| | 06/07 | 07/06 to 06/07 |
|---|---|---|
| New Appointments | 9 | 183 |
| Reinstatements | 0 | 0 |
| Reappointments | 38 | 449 |
| Delinquencies: | 0 | 0 |
| Reappointment Denials: | 0 | 0 |
| Resigned/Retired: | 5 | 141 |
| Disciplinary Actions | 0 | 0 |
| Restriction/Limitation-Privileges | 0 | 0 |
| Deceased | 0 | 1 |
| Changes in Privileges | | |
| Additions | 3 | 51 |
| Voluntary Relinquishments | 2 | 36 |
| Proctorship Completed | 3 | 104 |
| Proctorship Extension | 0 | 2 |

| Current Statistics – as of 06/1/07 | | | |
|---|---|---|---|
| Active Staff | 500 | | |
| Courtesy Staff | 563 | | |
| Affiliate Professionals (non-physicians) | 208 | | |
| TOTAL MEMBERS | 1,271 | | |
| Applications In Process | | 47 | |
| Applications Withdrawn Month of June 2007 | | 0 | 9 (07/06 to 06/07) |
| SFGH Reappointments in Process Jul. 2007 to Oct. 2007 | | 194 | |

### Commissioners' Comments

- Commissioner Illig asked for a follow up report regarding the plan for communicating between various buildings on the San Francisco General Hospital Campus.

Public Comment

Francisco Da Costa, Director, Environmental Justice Advocacy, said children in Bayview Hunters Point are dying. Not one single DPH dollar has been spent to test the children who are dying. Please pay attention to this emergency.

Jesse Tello, POWER, said there is never any mention of the sick children in Bayview. The Health Department needs to get out into the community.

Donald Earl Harris, For The People Group, said the Health Department is concerned about the wrong things. They are killing us.

Minister Christopher Muhammad said Lennar did not monitor the dust or asbestos levels when they dug up Parcel A. The Health Department was negligent in monitoring Lennar's non-compliance with the dust mitigation requirement. The Health Department knew there was exposure, but did not send anyone to test. The children have been threatened.

Reverend Ernest Jackson said people in his community and congregation have witnessed the violations that have been done by Lennar and these violations have been sanctioned by the Health Department. There are documented cases of people with early onset of asthma. This is due to a renegade contractor. Something must be done immediately—children are sick.

Willie Ratcliff, Editor of San Francisco Bayview Newspaper, said the people are asking for merchants of life, not merchants of death. He called for the Health Director's resignation, and shut the shipyard project down until there is independent testing.

Dr. Ahimsa Porter Sumchai said toxic dust exposure has intensified, and the Health Department is complicit in hiding the level of toxic dust exposure. Health Department staff have said publicly that no violations have occurred, but data from the Air District shows otherwise. Shut down this developer.

Jessie Powell has lived on Palou since 1977, and since this time she's had cancer, asthma, bone cancer, a lump under her arm and other illnesses. She is very sick and she is tired of all that is going on in her neighborhood. Something needs to be done.

Octavio Soltano is a high school student. He has been having respiratory problems, sinus pressure, and migraine headaches. He used to be a 4.0 honor student. Since the dust began, he's been living more at the hospital than at home, and his grades are going down. He plays sports, but it's hard to do this with asthma. He's asking for a little bit of help so that maybe everyone could get better.

Larry Lattimore, POWER, said the most vulnerable people are always asked to bite the bullet. He would like to hear from Dr. Katz that he was unaware of the problem in Bayview Hunters Point. The people most seriously affected by this problem could not come to the meeting today. Hunters Point has been vulnerable ever since the Navy shut down. It is a superfund site. Lennar's contract sets guidelines, and they violated their contract. So shut them down. The very same thing is happening in Bayview as happened during Hurricane Katrina.

Barbara Cohen, Chairperson of the health committee of the African American Action Network and NAACP. She stands today to speak as a voice of conscience. The community has appealed to everyone. Lennar signed contracts with the city that stated what they would do as mitigating efforts if certain things arose. Please make certain that there is action taken for violation of this contract. There is a person whose job it is to monitor what's going on out there, and this person needs direction by Dr. Katz to come forward with the report about what is going on out there.

Joe Niumacelega, Pastor, United Pentecostal Samoan Church, said people are being hurt. The communities have come together as one to stand up for the community and for the kids.

Alicia Schwartz, POWER, said it is a myth to have a health fair in Bayview Hunters Point while ignoring that Lennar has continually violated its contract. The Health Department must stop this company from killing babies. The community is not going to go away. They will be here. The Health Department should do the job it is supposed to do. People are dying. They have nosebleeds, asthma, problems breathing, and they have never had these problems before.

Commissioners' Comments

- Commissioner Monfredini said the public speakers raised a lot of issues today, but she cannot respond to them without information. Dr. Katz said that Supervisor Maxwell has a meeting scheduled in July regarding this issue, and the Redevelopment Agency has had several hearings. Commissioner Monfredini and Commissioner Watson will meet with Dr. Katz and Dr. Bhatia to get more facts from the Health Department's perspective. After this meeting, she and Commissioner Watson will meet with community representatives. Minister Christopher Muhammad agreed to be the contact person to work with to schedule the meeting and organize the community members who will attend this meeting.

## 5) SAN FRANCISCO GENERAL HOSPITAL REBUILD PRESENTATION

Kathy Jung presented an update on the San Francisco General Hospital Rebuild. She reminded the Commission that the West Lawn was selected as the site for the new hospital. The have completed the space design. There will be two floors underground and six floors above ground with approximately 416,706 square feet. Staff has proposed an alternative project delivery method that would use an integrated delivery approach as opposed to traditional design-build. This approach saves project cost and time, improves project coordination, minimizes disruption of operations during construction and leads to better decision making and better quality control.

Ms. Jung described the tentative project schedule:

- Schematic Design – October 2007
- Design Development – March 2007
- Construction Documents – December 2009
- OSHPD Approvals – 2010
- Construction Start – 2010
- Construction Completion – 2014
- New Hospital Operational – 2015

Revised cost estimates are now being developed based upon the space program and will be completed by the end of June. They are not ready to publish any new figures until the general contractor and cost estimator that are jointly developing the estimate have completed their review and fine tuning. They are planning to bring a bond before the voters in November 2008. Any money expended now will be repaid by the bond.

Commissioners' Comments

Commissioners' Comments

- Commissioner Monfredini said the media has reported a $900 million price tag for the project. Ms. Jung said the Ashen and Allen report did give a dollar range, but Ms. Jung did not actually say anything to the media regarding the cost, so she is unclear exactly where the reporter got the information.

- Commissioner Guy asked when the Health Commission would get the results of the work that is being done on revised cost estimates. Ms. Jung said she could bring this information through the SFGH JCC once the report is finalized.

- Commissioner Illig asked how a general contractor would be selected through this new contracting process. Ms. Jung said the general contractor would be selected through an RFQ process, but will come on much earlier in the process than it would under the design-build process. Commissioner Illig's biggest concern is that we do what we can to bring the project in within budget, and accurately plan for cost escalation and other factors. Ms. Jung said that the City took a different approach with this project than with other projects, and funded pre-design before the bond package is prepared. Commissioner Illig is concerned that the public will be overwhelmed with the number of hospitals being rebuilt at the same time, and the amount of money, both public and private, needed for these efforts.

- Commissioner Chow said past models had been prepared based on number of beds and services needed. Are these models current for the proposed facility? Ms. Jung said that the program plan has been refined to reflect what the hospital needs on each floor. There are now 284 beds in the program plan. Dr. Katz said two key pieces of information led to the bed number, which is higher that what was considered earlier. First, it was very important that the hospital fit into the west lawn. So initially he pushed for a small number of beds in order to be able to fit into the space. This enabled us to know that the site worked. When staff actually programmed the building, they found that the envelop could fit more beds than the original estimate, for no additional dollars. The second factor is the continual high census at San Francisco General Hospital. The hope is that the new hospital will allow for a normal occupancy rate, which is around 80 percent.

- Commissioner Illig asked if the Lewin Group is doing a study to analyze the services provided by both public and private hospitals in San Francisco. Mr. Sass said the Lewin Group is doing a number of projects for DPH. Its first project is to look at the role of public and private hospitals in San Francisco and services currently provided. The delivery date for this analysis is September. Commissioner Illig would like the Health Commission to revisit what CPMC is doing both in terms of St. Luke's and the new hospital. Dr. Katz emphasized that, with regard to the SFGH rebuild, to date everything has been ahead of schedule and below budget.

## 6) RESOLUTION COMMITTING TO TRAUMA CARE AT SAN FRANCISCO GENERAL HOSPITAL

Gene O'Connell presented a resolution regarding San Francisco General Hospital's Trauma Program. The program is scheduled to undergo an on-site verification review by the American College of Surgeons on August 6-7, 2007. This review has been requested by the San Francisco EMSA and is required under the San Francisco Trauma Plan. One of the verification requirements calls for a current resolution of support for the trauma program by the hospital's governing body. Dr. Mackersie gave a presentation to the San Francisco General Hospital Joint Conference Committee at its last meeting. The commissioners received a copy of his power point presentation in their packets.

Commissioners' Comments

- Commissioner Chow said the presentation that Dr. Mackersie made is a persuasive case and demonstrates the need for a helipad at the hospital. He fully supports the resolution.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Watson) approved Resolution 08-07, "Reaffirming the Health Commission's Commitment to Trauma Care at San Francisco General Hospital," (Attachment A).

## 7) TOBACCO FREE PROJECT COMMUNITY PRESENTATION AND CONSIDERATION OF A RESOLUTION SUPPORTING THE ADOPTION OF PRIORITY FUNDING INDICATORS

Mele Lau-Smith, Tobacco Free Project, provided the background to the FOCUS project—Funding Our Communities to Create Unity and Strength. FOCUS is a collaboration between Chinese Progressive Association and PODER with support from the San Francisco Tobacco Free Project and Tobacco Free Coalition. Ms. Lau-Smith introduced Laura Melgarejo, Eric Reyes and Jimena Avila from PODER and Natalie Gee from CPA, who presented the FOCUS proposal. Through their research and literature review FOCUS developed the following 11 indicators:

Community Indicators

1. access to health care and/or health insurance
2. Age: 5 to 24 years old
3. County of birth (foreign born)
4. Income
5. Language isolation
6. Race/Ethnicity, Sexual Orientation
7. Smoking prevalence

Geographic Indicators

8. Availability of clinics/hospitals
9. Availability of healthy foods
10. Tobacco retail outlet density
11. Stationary and mobile environmental health hazards

These indicators will be incorporated into the evaluation criteria used by the Tobacco Free Project to identify the priority populations and/or geographic areas to which community based tobacco control funding will be allocated. They are asking the Health Commission to adopt a resolution supporting these indicators to help ensure that tobacco control resources go to those communities who need it most. The goal of the resolution is to institutionalize the current practices of the Tobacco Free Projects' competitive funding process.

Commissioners Comments

- Commissioner Guy said that the Population Health and Prevention Joint Conference Committee has been working with staff and community members on these priority indicators, to introduce critical thinking and methodology to the targeting of resources. The youth have done a wonderful job with this assessment effort.

- Commissioner Illig said these are clear indicators and clearly focused on communities of high needs. He would like to see clear outcomes as well, because we want to see change as a result of money that we invest.

- Commissioner Watson thanked the presenters for the presentation.

- Commissioner Chow is pleased that the presenters were able to capture the issue that the indicators focus on vulnerable populations. He wants the Health Commission to go on record in this regard, and focus on the vulnerable populations. They are our target population.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Watson) approved Resolution 07-07, "Supporting the Adoption of Priority Funding Indicators to Identify Priority Populations and/or Geographic Areas to Which Community Based Tobacco Control Funding Will be Allocated," (Attachment B).

## 8) RESOLUTION REGARDING FY 2007-2008 BUDGET PRIORITIES

Commissioner Monfredini presented the budget priorities resolution, which indicates to the Board of Supervisors what is important to the Health Commission. The Board of Supervisors is holding a Bielenson Hearing on the Health Department cuts this afternoon and it is important they receive input from the Health Commission. The Board of Supervisors Budget Committee will begin meeting next week and they need this input as well.

Public Comment

Rebecca King Morrow, SEIU, said on April 17th the Health Commission passed a resolution to restore cuts to the budget, including restoring public health nursing positions. When the Mayor's Office releases a budget that totally overrides what the Health Commission has recommended, then why is there even a Health Commission. The attack on public health nurses must stop.

Commissioners' Comment

- Commissioner Illig, with regard to addbacks, said that even though he has some questions about some of the addbacks, they have all been vetted two or three times and he and Commissioner Dodd believe that they should be funded again. DPH staff and the Commission will review them over the next year and make individual recommendations as to whether they should be funded next year. The backfill of the CARE cuts is based on supporting the Mayor's and Board's efforts to continue funding for the next year. The Health Commission has approved a planning process that is going to prioritize HIV health services regardless of source of funding, and backfilling the CARE cuts for one more year will allow this process to be completed. He is sure that the Commission passed the health educator position in its budget, and it needs to get back into the budget. It is important to have a methadone van, but not at the expense of treatment slots. Commissioner Illig wants to reinforce the reduction of the inpatient psychiatry beds and the replacement of an acute diversion unit. This better utilizes the resources at SFGH and in the community. The resolution also advocates for new funding for a public health assessment unit, LHH transition unit and the LHH MIS infrastructure proposal.

- Commissioner Monfredini would like the Health Commissioners to bring this resolution to members of the Board of Supervisors in a proactive manner, rather than just presenting it at the Beilenson Hearing. Commissioner Monfredini believes that there is an end of the road to the CARE dollars, and she trusts that Commissioner Illig will work with the policy planning group to fully incorporate services into the Health Department's continuum of care and plan and prepare for the eventual end of CARE dollars and backfilling CARE reductions. In addition, infrastructure for San Francisco General Hospital has to continue to be adequately funded, so that we can continue the level of quality services.

- Commissioner Chow appreciates Commissioner Illig's explanation about restoring the addbacks and the CARE backfill. It is important that the minutes reflect that the Health Commission believes that the individual addbacks warrant evaluation, and they should be restored to the budget in order to do so. Commissioner Chow would like the resolution to positively state the Health Commission's support for the PES changes and reaffirm support for community alternatives to inpatient hospitalization. He endorsed the LHH Transition Unit and the LHH MIS infrastructure, on behalf of the Laguna Honda Hospital Joint Conference Committee. The Commission must continue to support the health disparities programs. This is the first time that Asian and Latino councils have been formed to articulate community needs.

- Commissioner Guy advocated for the Youth Power project. This prevention, population-based program has been very successful. Commissioner Guy said the Health Commission's governing process around the budget is outdated. She is hoping that, after the next two weeks, the team that is charged with examining how the Health Commission is going to approach the budget gets this effort underway. This should be a topic of discussion at all the joint conference committees.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Watson) approved Resolution 09-07, "Urging the Board of Supervisors to Fund Critical Department of Public Health Programs and Services," (Attachment C), with the addition of a resolved clause: "Further Resolved, that the Health Commission supports the funding of a community urgent care and acute diversion unit and the additional methadone maintenance slots provided through the van."

## 9) COMMISSIONER REPORTS/ANNOUNCEMENTS

There were no reports or announcements.

## 10) JOINT CONFERENCE COMMITTEE REPORTS

There were no committee reports.

## 11) PUBLIC COMMENT

None.

## 12) OTHER BUSINESS

None.

## 13) ADJOURNMENT

The meeting was adjourned at 3:10 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

Attachments: (3)

**HEALTH COMMISSION**
**City and County of San Francisco**
**Resolution No. 08-07**

## REAFFIRMING THE HEALTH COMMISSION'S COMMITMENT TO TRAUMA CARE AT SAN FRANCISCO GENERAL HOSPITAL

WHEREAS, San Francisco General Hospital Medical Center has a long-standing history of providing comprehensive trauma care to the people of San Francisco; and,

WHEREAS, the City and County of San Francisco is committed to providing high quality trauma care to San Francisco residents by maintaining San Francisco General Hospital Medical Center as the designated Level 1 Trauma Center; and,

WHEREAS, the San Francisco Health Commission has a long-standing history of supporting San Francisco General Hospital as a regional Level 1 Trauma Center, adopting resolutions in of support in 1998 and 2001; and

WHEREAS, the San Francisco Department of Public Health through the Emergency Medical Services section, has officially designated San Francisco General Hospital Medical Center as the sole source provider of Level 1 trauma care for the City and County of San Francisco; and,

WHEREAS, the Administration and Medical Staff at San Francisco General Hospital have, since 1972, cooperated to provide Trauma Center services to the citizens of San Francisco; now, therefore, be it

RESOLVED, that the Health Commission reaffirms its strong support San Francisco General Hospital Medical Center as a regional Level 1 Trauma Center and maintains its commitment to providing professional services in accordance with the standards of the American College of Surgeons and California State regulations for trauma centers, Title 22, Division 9, Chapter 7.

I hereby certify that the San Francisco Health Commission at its meeting of June 19, 2007 adopted the foregoing resolution.

Michele M. Seaton
Executive Secretary to the Health Commission

**HEALTH COMMISSION**
**City and County of San Francisco**
**Resolution No. 07-07**

# SUPPORTING THE ADOPTION OF PRIORITY FUNDING INDICATORS TO IDENTIFY PRIORITY POPULATIONS AND/OR GEOGRAPHIC AREAS TO WHICH COMMUNITY BASED TOBACCO CONTROL FUNDING WILL BE ALLOCATED.

WHEREAS, the tobacco industry engages in aggressive marketing and promotion targeted at communities of color, women, youth, the Lesbian, Gay, Transgender (LGBT) community, and communities of low socio-economic status resulting in higher prevalence rates in these communities and subsequent disproportionate rates of tobacco related diseases; and

WHEREAS, the San Francisco Department of Public Health receives tobacco control monies annually from Prop 99, the 1988 tobacco tax initiative, Prop A, Master Settlement Funds to develop and implement a Comprehensive Tobacco Control Plan for San Francisco; and

WHEREAS, community-based organizations are funded to implement community capacity building (CCB) projects that address the environmental factors associated with the global tobacco epidemic; and

WHEREAS, Objective 2 of the SFDPH Strategic plan is to "decrease disparities between racial and ethnic populations and between residents of different neighborhoods"; and

WHEREAS, in support of Objective 2 of the SFDPH Strategic Plan, member organizations of the San Francisco Tobacco Free Coalition propose the following indicators be used to identify vulnerable priority populations and/or geographic areas in which community-based tobacco control funding will be allocated: Community indicators: 1) access to health care, 2) percentage of population aged 5-24 years of age, 3) Country of birth, 4) Income, 5) Language isolation, 6) Race/ethnicity, sexual orientation, 7) Smoking prevalence. Geographic indicators: 8) Availability of clinics/hospitals, 9) Availability of healthy foods, 10) Tobacco retail outlet density, 11) Stationary and mobile health hazards; and

WHEREAS, adoption of the above listed priority funding indicators will institutionalize the current practices of the Tobacco Free Project's competitive funding process.

RESOLVED, that the Health Commission supports the Tobacco Free Project's desire to target those populations most vulnerable to tobacco related health disparities by supporting the project's utilization of the community and geographic indicators listed above to identify priority populations and/or geographic areas to which community based tobacco control funding will be allocated.

I hereby certify that the San Francisco Health Commission at its meeting of June 19, 2007 adopted the foregoing resolution.

Michele Seaton
Executive Secretary to the Health Commission

# HEALTH COMMISSION
## City and County of San Francisco
## Resolution No. 09-07

# URGING THE BOARD OF SUPERVISORS TO FUND CRITICAL DEPARTMENT OF PUBLIC HEALTH PROGRAMS AND SERVICES

WHEREAS, on April 17, 2007 the Health Commission adopted a resolution approving the submission of the Department of Public Health's Base Budget for Fiscal Year 2007-2008; and

WHEREAS, hundreds of people testified before the Health Commission about the impact that proposed budget reductions would have on their lives and the lives of others; and

WHEREAS, the proposed budget that was submitted to the Mayor's Office included $2.14 million in reductions that were accepted by the Health Commission, and also included funding requests for structural, regulatory and inflationary needs, new initiatives, and funding for expired grants, all of which are critical to furthering the mission of the Department of Public Health; and

WHEREAS, the Mayor released his proposed fiscal year 2007-2008 budget on June 1, 2007 and, in order to achieve a balanced budget, the budget includes more than $6 million in reductions to the Public Health Budget in addition to those accepted by the Health Commission; and

WHEREAS, the Mayor's proposed budget includes $9,212,320 of the $14,670,381 submitted in the base budget for regulatory and structural requests, and restores funding for several expired grants, addressing Health Commission recommendations to do so, and also provides funding for several important initiatives, however was unable to fund all of the structural and regulatory needs or backfill all of the critical grants that are expiring; and

WHEREAS, the Health Commission has a responsibility to maintain the safety net and public health services for San Francisco's most vulnerable residents and is opposed to any cuts in current services that threaten the safety net, and furthermore has the responsibility to inform decision makers about critical health care needs; now, therefore, be it,

RESOLVED, that the Health Commission strongly urges the Board of Supervisor to identify additional resources to support existing services and essential enhancements to the Health Department's budget, specifically to provide funding for: Mammovan/Avon Health Educator; Backfill of the CARE Grant; Public Health Assessment Research Unit; health disparity initiatives; violence prevention initiative; Laguna Honda Hospital Transition Unit; Laguna Honda Hospital MIS Infrastructure; restoration of the addbacks; Health at Home and MCH Public Health Nurses; Adult Residential and Outpatient substance abuse slots; and Drug Free Youth POWER program; and be it

FURTHER RESOLVED, that the Health Commission supports the funding of a community urgent care and acute diversion unit and the additional methadone maintenance slots provided through the van.

I hereby certify that the San Francisco Health Commission at its meeting of June 19, 2007 adopted the foregoing resolution.

Michele M. Seaton
Executive Secretary to the Health Commission

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Michele M. Seaton**
Executive Secretary

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# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, July 17, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

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17/07

***The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove.*** ***The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.***

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 19, 2007**
**Minutes of the meeting of June 19, 2007*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

For Approval

*(3.1)* **CHN/LHH** – Request for approval of a contract renewal with Bernd Kutzscher, M.D., in the amount of $63,000, to provide ophthalmology and optometry services for the residents of Laguna Honda Hospital, for the period of July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Monitoring report summary*

*(3.2)* **PHP-BEHM** – Request for approval of a contract renewal with San Francisco Foundation Community Initiative Fund, in the amount of $268,800, which includes a 12% contingency, for fiscal sponsor services for the San Francisco Food Council for period of July 1, 2007 through June 30, 2010 (3 years).
** Contract summary, Monitoring report summary*

*(3.3)* **PHP-Housing & Urban Health** – Request for approval of a contract renewal with GP/TODCO-A, Inc., in the amount of $170,156, which includes a 12% contingency, to provide subsidized rental housing units, for the period of July 1, 2007 through July 31, 2008 (13 months).
** Contract summary*

*(3.4)* **PHP-Housing & Urban Health** – Request for approval of a multi-year renewal contract with Lutheran Social Services, in the amount of $478, 531, which includes a 12% contingency, to provide supportive housing services at La Casa Mariposa, a transitional housing program serving homeless women with a history of domestic violence and substance abuse, for the period of July 1, 2007 through June 30, 2010 (3 years).
**Contract summary*

*(3.5)* **PHP-Housing & Urban Health** – Request for approval of a renewal contract with CATS in the amount of $75,181, which includes a 12% contingency, to provide subsidized rental housing units, for the period of July 1, 2007 through July 31, 2008 (13 months).
**Contract summary*

*(3.6)* **PHP-Housing & Urban Health** – Request for approval of a renewal contract with St. Vincent de Paul, in the amount of $167,462, which includes a 12% contingency, to provide subsidized rental housing units, for the period of July 1, 2007 through July 31, 2008 (13 months).
**Contract summary*

*(3.7)* **PHP-Community Health Programs** – Request for approval to accept and expend a grant from the Social Security Administration, in the amount of $97,660, in the support of the project entitled "HOPE – Reaching the Hardest to Serve: SSI for Chronically Homeless and Mentally Ill People in San Francisco", for its fourth year of May 1, 2007 through April 30, 2008, which includes a sub-contract with the San Francisco Bar Association's Homeless Advocacy Project, in the amount of $59,620 for the same time period.
** Grant summary, Budget pages, Grant information form, Outcome objectives*

*(3.8)* **PHP-Community Health Programs/AB 75 Project** – Request for approval to accept and expend retroactively a grant allocation, in the amount of $1,439,738, from the California Healthcare for Indigents Program, State Department of Health Services, to provide reimbursement for health services delivered to indigent persons, for the term FY 07-08.
** Grant summary, Budget pages, Grant information form*

*(3.9)* **BHS** – Request for approval to renew the contract with the San Francisco Bar Association - Homeless Outreach Project Evaluation Program, in the amount of $196,292, which includes a 12% contingency, to provide outreach and SSI benefits assessment services to mental health clients experiencing long-term homelessness, for the period of July 1, 2007 through June 30, 2008 (1year).
** Contract summary, Monitoring report summary, Client demographic information form*

*(3.10)* **BHS** – Request for approval of a new contract with the Regents of the University of California, in the amount of $101,795 per year, for a total contract value of $254,486 which includes a 12% contingency, to provide child and adolescent psychiatric services, for the period of July 1, 2007 through December 31, 2009 (2.5 years).
** Contract summary*

For Discussion and Approval

*(3.11)* **Central Administration** – Request for approval of a contract with the San Francisco Community Health Authority dba the San Francisco Health Plan (SFHP), in the amount of $7,413,422, for a total contract amount of $8,303,033, which includes a 12% contingency, to provide third-party administrative services related to Healthy San Francisco, for the period of September 1, 2007 through June 30, 2008 (10 months), and designation of SFHP as the sole source of these services.
** Contract summary, Sole Source memo*

*(3.12)* **Central Administration-Policy & Planning** – Request for approval of a contract renewal with San Francisco Community Health Authority, in the amount of $11,342,433, to provide universal health insurance services targeting San Francisco children, young adults and young parents, for the period of July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Monitoring report summary, Memo and Resolution*

*(3.13)* **CHN/SFGH & LHH Facilities** – Request for approval of thirty-four contract modifications with the following twenty-eight firms: A & B Mechanical, Inc., Acker & Guerrero Roof Co., Agbayani Construction, Inc., Air Duct Cleaning, Anderson Carpet & Linoleum Sale Co., Inc., Angotti & Reilly, Inc., Bay City Boiler & Engineering Co., Inc., Birds Away/Pigeons Away, City Mechanical, Inc., William Decker & Co., Elischer Construction, Inc., Floortrends, Inc., Galindo Installation & Moving Services, Lights On Wheels, McClure Electric, Inc., Migale Painting Co., Mintie Corporation, Monticelli Painting & Decorating, Pioneer Contractors, Inc., Robert Poyas, Inc., Pribuss Engineering, Rubecon General Contracting, Inc., Sierra Electric Co., Steam On Wheels. The Shooter Co., United California Glass Co., Western Roofing Service Co. and Yerba Buena Engineering & Construction, Inc., to increase the total combined amounts by $2,353,000 from $6,637,500 to $8,990,500, to provide the Community Health Network intermittent, as-needed facility maintenance services above baseline civil service staffing and extend the term of the contracts by six months, for the period of July 1, 2005 through December 31, 2007 (30 months).
** Contract summary, Vendor rate pages, Monitoring report summaries*

*(3.14)* **CHN/SFGHMC-Nursing Operations** – Request for approval of five contract renewals with the following firms: Arcadia Health Services, Inc. dba Arcadia Staff Resources, HRN Services, Inc., Medstaff, Inc., NP Plus, LLC (formerly named Nurse Providers, Inc.) and Professional Resource Enterprises, Inc. dba United Nursing International, in the amount of $2,700,000, to provide supplemental, temporary Per Diem and Traveling nursing personnel services

for San Francisco General Hospital Medical Center, for the period of July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Vendor rate pages, Monitoring report summaries*

*(3.15)* **PHP-Housing & Urban Health** – Request for approval of a renewal contract with Baker Places, Inc., in the amount of $1,055,991, which includes a 12% contingency, to provide supportive and case management services for the DAH tenants at the Empress Hotel, for the period of July 1, 2007 through June 30, 2010 (3 years).
** Contract summary, Monitoring report summary, Response letter, Client demographic information form*

*(3.16)* **AIDS OFFICE-HIV Health Services** – Request for approval of a renewal contract with Westside Community Mental Health Center, in the amount of $1,486,717, which includes a 12% contingency, to provide Centers of Excellence services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through February 29, 2008 (1 year).
** Contract summary, Monitoring report summary, Response, Client demographic information form*

*(3.17)* **BHS** – Request for approval of a contract renewal with Crestwood Behavioral Health, Inc., in the amount of $8,535,028 per year, for a total contract amount of $14,338,847, which including 12% contingency, to provide 24-hour skilled nursing facility services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

*(3.18)* **BHS** – Request for approval to renew the contract with Community Vocational Enterprises, Inc., in the amount of $1,877,506 per year, for a total contract value of $9,462,630, which includes a 12% contingency, to provide vocational training services, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

*(3.19)* **BHS** – Request for site approval for the relocation of the program for Child and Adolescent Psychiatry as follows: FROM Current Site: SF General Hospital 1001 Potrero Avenue San Francisco 94110 TO: 729 Tennessee Street/2130 3rd Street, Pritzker Center, San Francisco 94107
** Site approval request, Maps*

**4) FOR DISCUSSION: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

**5) FOR ACTION: RESOLUTION COMMENDING ST. JOSEPH'S HEALTH SUPPORT ALLIANCE**
(Health Commission)
**Resolution*

**6) FOR ACTION: APPROVAL OF HEALTHY SAN FRANCISCO FEE STRUCTURE**
(Tangerine Brigham, Director, Health Access Program)
**Fee Structure, Resolution*

7) **FOR ACTION:** **APPROVAL OF REGULATIONS IMPLEMENTING HEALTHY SAN FRANCISCO AND MEDICAL REIMBURSEMENT ACCOUNT PROVISIONS OF THE SAN FRANCISCO HEALTH CARE SECURITY ORDINANCE**
(Tangerine Brigham, Director, Health Access Program)
**Regulations, Resolution*

8) **FOR DISCUSSION:** **JAIL HEALTH REPORT**
(Joe Goldenson, M.D. Director, Jail Health Services)
**Report*

9) **FOR ACTION:** **APPROVAL OF A REVENUE SUPPLEMENTAL FOR SAN FRANCISCO GENERAL HOSPITAL AND LAGUNA HONDA HOSPITAL**
(Gregg Sass, Chief Financial Officer)
**Supplemental*

10) **COMMISSIONER REPORTS/ANNOUNCEMENTS**

11) **FOR DISCUSSION:** **JOINT CONFERENCE COMMITTEE REPORTS**
(Reports by the Chairs of the Joint Conference Committees)

12) **PUBLIC COMMENT** **

13) **OTHER BUSINESS*****

14) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity for Health Commissioners to raise issues that fall within the subject matter jurisdiction of the Health Commission for discussion and referral to a future Health Commission or Health Commission Joint Conference Committee meeting.

**Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

**Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

**San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

**Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**City and County of San Francisco** **Department of Public Health**

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June 15, 2007

TO: All Interested Parties

Pursuant to Chapter 14, Section 14.4 of the San Francisco Administrative Code, the San Francisco Department of Public Health ("DPH") has developed draft regulations to govern the Healthy San Francisco and Medical Reimbursement Account programs authorized in the San Francisco Health Care Security Ordinance adopted by the San Francisco Board of Supervisors as Ordinances 218-06 and 69-07.

The draft Regulations Implementing Healthy San Francisco and Medical Reimbursement Account Provisions of the San Francisco Health Care Security Ordinance are available for public comment.

DPH is inviting all interested parties to provide written comments on the draft regulations. Written comments should be submitted either electronically or via United States mail to:

Tangerine Brigham
San Francisco Department of Public Health
101 Grove Street, Room 310
San Francisco, CA 94102
E-mail: Tangerine.Brigham@sfdph.org

Written comments on the draft regulations will be taken from June 15, 2007 to June 29, 2007.

This letter and the draft regulations will be posted on the following websites: www.sfdph.org and www.sfhp.org/HealthySanFrancisco. The draft regulations will be accessible via the San Francisco Office of Labor Standards and Enforcement's Health Care Security Ordinance webpage: www.sfgov.org/site/olse_index.asp?id=45168.

The draft regulations have also been provided to the San Francisco Public Library Government Information Center for public review. The public can review documents in the Government Information Center, 5th Floor of the Main Library, 100 Larkin Street, during open hours. The Main Library is open Mondays 10 – 6; Tuesdays, Wednesdays and Thursdays 9-8; Fridays 12-6; Saturday 10-6; and Sundays 12-5.

Those without Internet access may obtain a copy of the draft regulations at 101 Grove Street, Room 308 between the hours of 8:00 am and 5:00 pm.

On July 17, 2007, the San Francisco Health Commission will consider the draft regulations for adoption at a public hearing and will provide the public with an opportunity to make oral comments and testimony. This public hearing will be noticed in accordance with the provisions of the San Francisco Administrative Code.

**Telephone: (415) 554-2600** **101 Grove Street, San Francisco, CA 94102** **Facsimile: (415) 554-8111**

# REGULATIONS IMPLEMENTING HEALTHY SAN FRANCISCO AND MEDICAL REIMBURSEMENT ACCOUNT PROVISIONS OF THE SAN FRANCISCO HEALTH CARE SECURITY ORDINANCE

## 1. Purpose

(a) The purpose of these Regulations is to implement Chapter 14, Sections 14.2 and 14.4 of the San Francisco Administrative Code, the San Francisco Health Care Security Ordinance ("HCSO" or "Ordinance") which authorizes the Department of Public Health ("DPH") to: (i) create and administer a program to provide health care services to San Francisco's uninsured residents; and (ii) establish and maintain Medical Reimbursement Accounts for non-residents who work in San Francisco and other qualified individuals.

(b) The program referenced in subsection (a)(i) above is identified in the Ordinance as the "Health Access Program." However, DPH has determined that the name "Health Access Program" creates confusion among San Francisco residents because of its similarity to other programs. Accordingly, the program shall be named "Healthy San Francisco," and is hereinafter referred to in these regulations as "Healthy San Francisco."

(c) The Healthy San Francisco program will fulfill the City and County of San Francisco's obligation to provide services to indigent persons in need of medically necessary services as required by California Welfare and Institutions Code Section 17000. The Regulations in no way shall be construed as an expansion of the City and County of San Francisco's existing obligations to provide health care under any California and/or federal law.

## 2. Definitions

(a) Applicant. Any person who applies to participate in the Healthy San Francisco program or the Medical Reimbursement Account program.

(b) Application. The form developed by DPH to determine applicant eligibility for Healthy San Francisco.

(c) City. The City and County of San Francisco.

(d) Clinical Site or Clinical Setting. Any licensed facility that provides health services.

(e) Covered Employee. Any person that meets the definition provided in Section 14.1(b)(2) of the Administrative Code and Regulation 3 of the Office of Labor Standards and Enforcement's Regulations Implementing the Employer Spending Requirement of the San Francisco Health Care Security Ordinance.

(f) Covered Employer. An employer that meets the definition as set forth in Section 14.1(b)(3) and its inclusive subparts of the Administrative Code and Regulation 2 of the Office of Labor Standards and Enforcement's Regulations Implementing the Employer Spending Requirement of the San Francisco Health Care Security Ordinance.

(g) Federal Poverty Level. Level determined by the "Poverty Guidelines for the 48 Contiguous States and the District of Columbia" as contained in the Annual Update of the HHS Poverty Guidelines developed by the United States Department of Health and Human Services as published in the Federal Register.

(h) Healthy San Francisco Participant. Any uninsured San Francisco resident who fulfills all Healthy San Francisco eligibility provisions and is enrolled in the program.

(i) Health Services. Those services provided through the Healthy San Francisco program which a Participant will receive to treat a health or medical condition, promote health and/or prevent disease.

(j) Household Income. The total annual income of all family members in a household.

(k) Medical Home. The clinical site or clinical setting in which a Participant receives preventive and primary care services.

(l) Medical Reimbursement Account. An account established and maintained by DPH or its vendor from which eligible individuals may receive reimbursement for out-of-pocket medical expenses.

(m) Ordinance. The San Francisco Health Care Security Ordinance adopted by San Francisco Board of Supervisors as Ordinance 218-06, inclusive of any future and subsequent amendments.

(n) Participation Fee: A quarterly amount that Participants in Healthy San Francisco must pay to remain eligible for care under the program.

(o) Point-of-Service Fees: The amount(s) a Participant must pay for specific services at the time services are obtained.

(p) Provider: A California licensed health plan, hospital, clinic or clinician contracted to deliver health services to program Participants.

(q) Third-Party Administrator. A vendor or other entity that DPH enters into a contract with to perform specified administrative functions on behalf of the program.

## 3. Healthy San Francisco Program Eligibility

(a) An eligible Participant is any person who:

(i) resides in San Francisco and provides documentation of San Francisco residency based on the guidelines stated in the Healthy San Francisco program brochure provided to applicants;

(ii) is between the ages of 18 and 64 years old, or is an emancipated minor, or a minor not living in the home of a birth or adoptive parent, a legal guardian, caretaker relative, foster parent, or stepparent, and is applying for coverage on his or her own behalf;

(iii) has been without employer-based or individually-purchased health insurance for 90 days from the date of application for Healthy San Francisco eligibility, or has lost employer-based health care coverage within 90 days of date of application due to a change in employment status, or who has lost COBRA coverage within 90 days of date of application;

(iv) is ineligible for California and/or federally-funded health insurance or assistance programs, provided that the applicant's eligibility for the following programs shall not make the applicant ineligible for Healthy San Francisco:

1) Pregnancy-Related Medi-Cal (Omnibus Budget Reconciliation Act);

2) Pregnancy-Related Medi-Cal (Presumptive Eligibility);

3) AIM Access for Infants and Mothers;

4) Omnibus Budget Reconciliation Act Medi-Cal (non-pregnancy and emergency only);

5) Family PACT (Planning, Access, Care, Treatment);

6) Breast and Cervical Cancer Treatment Program (California-only); and

7) Cancer Detection Program.

(b) Neither employment status, immigration status nor the existence of pre-existing health conditions shall be used to exclude a person from eligibility for Healthy San Francisco.

(c) DPH will develop an application for participation in Healthy San Francisco and a process for obtaining a Medical Reimbursement Account for potential participants.

(d) The Healthy San Francisco application will collect information from the applicant necessary to determine program eligibility and eligibility for any subsidies for participation in the program, including, but not limited to name, address, household income, and employment status.

(e) An eligible Participant shall be enrolled for participation into the Healthy San Francisco program if he/she submits a completed application, fulfills the eligibility requirements and pays the required participation fees as established by DPH.

(f) DPH shall, from time to time, require participants to re-establish eligibility for participation in Healthy San Francisco.

## 4. Healthy San Francisco Program Fees

(a) Healthy San Francisco will have two fee components for its Participants: "participation fees" and "point-of-service fees." These fees shall be based on Participant income which is measured with reference to the Federal Poverty Level.

(i) Participation fees shall be assessed on a quarterly basis for continued participation in the Healthy San Francisco program.

(ii) Point-of-service fees shall be assessed on a sliding scale based on a Participant's Federal Poverty Level when a Participant receives services at a clinical site or clinical setting.

(iii) Any person with an annual household income between 0% and 500% of the Federal Poverty Level shall be eligible for a subsidy for the participation fee, to be determined by DPH.

(b) Non-payment of the participation fee by the program Participant can result in cancellation of enrollment from the Healthy San Francisco program.

## 5. Healthy San Francisco Services

(a) The program shall provide health services for the treatment of medical conditions with an emphasis on wellness, preventive, and primary care. Services include: professional services by clinicians (i.e., doctors, nurse practitioners, physician assistants, and other licensed health care providers) including preventive, primary, diagnostic, and specialty services; inpatient and outpatient hospital services; diagnostic and laboratory services, including therapeutic radiological services; behavioral health services, including mental health and substance abuse services; prescription drugs, excluding drugs for excluded services; home health care; urgent care; and emergency care provided in San Francisco.

(b) The following is a non-exclusive list of services that shall not be provided by Healthy San Francisco program:

(i) Acupuncture;

(ii) Allergy Testing and Injections;

(iii) Audiology (including hearing aids);

(iv) Chiropractic;

(v) Cosmetic;

(vi) Dental;

(vii) Gastric By-Pass Surgery and Services;

(viii) Genetic Testing and Counseling;

(ix) Infertility;

(x) Long-Term Care;

(xi) Organ Transplants;

(xii) Sexual Reassignment Surgery;

(xiii) Transportation: Non-urgent; and

(xiv) Vision.

(c) Healthy San Francisco does not cover any services, including emergency services, provided outside the City and County of San Francisco.

## 6. Healthy San Francisco Service Provision and Delivery Network

(a) Each Participant shall have a designated clinical site or clinical setting that shall serve as his/her primary care medical home. The primary care medical home shall coordinate a Participant's access to services in the program, monitor management of medical conditions and provide continuity of care.

(i) Upon enrollment into the program, Participants shall select their primary care medical home from a list of participating Healthy San Francisco clinic sites or clinical settings.

(ii) Participants may request a medical home change during their pre-determined program recertification and re-enrollment process.

(iii) Participants may make requests to change their primary care provider (i.e., a physician, nurse practitioner or physician assistant) within their medical home.

(b) The network of providers delivering services to program Participants shall be confined to licensed providers who have a physical location and practice in the City and who have entered into agreements and/or contracts with DPH and/or its Third-Party Administrator to provide services under this program.

(c) Healthy San Francisco shall not cover or reimburse payment for services delivered to program Participants by providers that have not entered into agreements and/or contracts with DPH and/or its Third-Party Administrator to provide services to Participants under this program.

## 7. Covered Employee Participation Rules

(a) Covered Employers who chose to satisfy the Employer Spending Requirement under the Ordinance by making payments to the City shall deliver the payments to DPH's Third Party Administrator. Payments shall be made consistent with the provisions of Section 14.3(a) of the Administrative Code and Regulation 6 of the Office of Labor Standards and Enforcement's Regulations Implementing the Employer Spending Requirement of the San Francisco Health Care Security Ordinance.

(b) Along with its payments, the Covered Employer shall provide to DPH's Third-Party Administrator: (i) the name of the Covered Employee, (ii) the amount paid per Covered Employee and (iii) other information as needed by DPH to determine whether the Covered Employee is eligible for participation in Healthy San Francisco or for the establishment of a Medical Reimbursement Account. DPH or its Third-Party Administrator shall provide Covered Employers with a form upon which they may provide this information along with their payments.

(c) DPH's Third-Party Administrator will use the information provided by the Covered Employer pursuant to subsection 7(b) above to determine whether the payment made on behalf of a Covered Employee shall be used to fund the Covered Employee's participation in Healthy San Francisco or to establish a Medical Reimbursement Account for the Covered Employee.

(d) Covered Employees on whose behalf a payment has been made to satisfy the Employer Spending Requirement shall be notified by their Covered Employer that such a payment has been made in accordance with Regulation 7.1 of the Office of Labor Standards and Enforcement's Regulations Implementing the Employer Spending Requirement of the San Francisco Health Care Security Ordinance.

(e) DPH or its Third-Party Administrator shall inform Covered Employees where they may go to be screened for enrollment in Healthy San Francisco and/or establishment of Medical Reimbursement Accounts.

(f) A Covered Employee on whose behalf payment has been made to DPH must, in order to participate in Healthy San Francisco, meet program eligibility requirements and enroll in Healthy San Francisco.

(i) A Covered Employee who is determined to be eligible for Healthy San Francisco shall receive a discount of 75% off the participation fee that s/he would otherwise be required to pay to participate in Healthy San Francisco. If as a result of the discount the fee is less than $50 per quarter, the participation fee shall be waived.

(ii) Payments by the Covered Employer shall entitle the Covered Employee to a discounted Participation Fee for six months from the date of enrollment. After six months from the date of enrollment, and every six months thereafter, DPH or its Third-Party Administrator shall determine whether the Participant's Covered Employer has continued payments on the Participant's behalf in the preceding six months. If the Covered Employer has continued to make such payments, the Participant shall remain eligible for a discounted Participation Fee for the following six months. If DPH or its Third-Party Administrator determines that the Covered Employer has not made payments on the Participant's behalf for the preceding six months, the Participant may remain enrolled in Healthy San Francisco by paying a non-discounted Participation Fee.

(g) A Covered Employee that does not meet the program eligibility requirements for participation in Healthy San Francisco but wishes to benefit from the payment made on his/her behalf by a Covered Employer, the Covered Employee may sign up for a Medical Reimbursement Account to be established and maintained by DPH's Third Party Administrator. Any funds collected on behalf of a Covered Employee during the calendar year shall be forfeited if the Covered Employee does not sign up for a Medical Reimbursement Account by July 1 of the subsequent calendar year. Any forfeited funds shall be used by DPH to fund the programs described in these regulations.

(i) Covered Employees may obtain reimbursement from the Medical Reimbursement Account for medical care, services or goods that may qualify as tax deductible medical expenses under Section 213 of the Internal Revenue Code including the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for treatments affecting any part or function of the body, including the costs of equipment, supplies and diagnostic devices needed for these purposes. Reimbursable medical expenses may also include dental expenses, premiums paid for insurance that covers the expenses of medical care and the amount paid for transportation to receive medical care.

(ii) Any administrative fees charged to the City to establish and maintain the Covered Employee's Medical Reimbursement Account shall be deducted from the balance amount in that Covered Employee's Medical Reimbursement Account.

(iii) A Covered Employee must use the money deposited into the Medical Reimbursement Account within a designated period of time as determined by DPH.

## 8. Public Information on Healthy San Francisco

(a) DPH shall make available to the public all information necessary to facilitate participation in the programs authorized by the Ordinance.

(b) Written program materials for applicants and participants will be offered, at a minimum in the following languages: Chinese, English and Spanish.

(c) DPH will maintain a program website and ensure that access to program information is available through the 311 System operated by the City.

## 9. Healthy San Francisco Administration

(a) DPH is responsible for the overall administration of the Healthy San Francisco and Medical Reimbursement Account programs. Its responsibilities include, but are not limited to: overseeing overall program development and implementation; defining program goals, design and policy objectives; ensuring adequate financing and evaluating the program's effectiveness.

(b) DPH may enter into a vendor/contract relationship with a Third-Party Administrator and/or other entities to perform to specific administrative or programmatic functions needed to appropriately operate and maintain the program.

## 10. Reporting

(a) DPH shall make annual reports to the San Francisco Health Commission on the status of the Healthy San Francisco and Medical Reimbursement Account programs.

(b) DPH shall comply with Section 14.4(f) of the Administrative Code with respect to Healthy San Francisco and Medical Reimbursement Account program reports to the San Francisco Board of Supervisors.

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Michele M. Seaton**
Executive Secretary

**TEL (415) 554-2666**
**FAX (415) 554-2665**

**Web Site: http://www.sfdph.org**

# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, July 17, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

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## 1) CALL TO ORDER

Commissioner Sanchez called the meeting to order at 3:45 p.m.

Present:
David J. Sanchez, Jr., Ph.D., Vice President
Edward A. Chow, M.D.
Catherine Dodd, R.N., Ph.D.
James M. Illig
Markus Watson, D.D.S.

Absent:
Lee Ann Monfredini, President
Roma P. Guy, M.S.W.

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 19, 2007

Action Taken: The Commission (Chow, Dodd, Illig, Sanchez, Watson) approved the minutes of the June 19, 2007 Health Commission meeting.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Watson and Commissioner Chow attended the Budget Committee meeting. The committee requested that Item 3.2, Item 3.3 and Item 3.4 be moved to the discussion section of the agenda.

For Approval

*(3.1)* **CHN/LHH** – Request for approval of a contract renewal with Bernd Kutzscher, M.D., in the amount of $63,000, to provide ophthalmology and optometry services for the residents of Laguna Honda Hospital, for the period of July 1, 2007 through June 30, 2008 (1 year).

*(3.3)* **PHP-Housing & Urban Health** – Request for approval of a contract renewal with GP/TODCO-A, Inc., in the amount of $170,156, which includes a 12% contingency, to provide subsidized rental housing units, for the period of July 1, 2007 through July 31, 2008 (13 months).

*(3.4)* **PHP-Housing & Urban Health** – Request for approval of a multi-year renewal contract with Lutheran Social Services, in the amount of $478, 531, which includes a 12% contingency, to provide supportive housing services at La Casa Mariposa, a transitional housing program serving homeless women with a history of domestic violence and substance abuse, for the period of July 1, 2007 through June 30, 2010 (3 years).

*(3.7)* **PHP-Community Health Programs** – Request for approval to accept and expend a grant from the Social Security Administration, in the amount of $97,660, in the support of the project entitled "HOPE – Reaching the Hardest to Serve: SSI for Chronically Homeless and Mentally Ill People in San Francisco", for its fourth year of May 1, 2007 through April 30, 2008, which includes a sub-contract with the San Francisco Bar Association's Homeless Advocacy Project, in the amount of $59,620 for the same time period.

*(3.8)* **PHP-Community Health Programs/AB 75 Project** – Request for approval to accept and expend retroactively a grant allocation, in the amount of $1,439,738, from the California Healthcare for Indigents Program, State Department of Health Services, to provide reimbursement for health services delivered to indigent persons, for the term FY 07-08.

*(3.9)* **BHS** – Request for approval to renew the contract with the San Francisco Bar Association - Homeless Outreach Project Evaluation Program, in the amount of $196,292, which includes a 12% contingency, to provide outreach and SSI benefits assessment services to mental health clients experiencing long-term homelessness, for the period of July 1, 2007 through June 30, 2008 (1year).

*(3.10)* **BHS** – Request for approval of a new contract with the Regents of the University of California, in the amount of $101,795 per year, for a total contract value of $254,486 which includes a 12% contingency, to provide child and adolescent psychiatric services, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

For Discussion and Approval

*(3.2)* **PHP-BEHM** – Request for approval of a contract renewal with San Francisco Foundation Community Initiative Fund, in the amount of $268,800, which includes a 12% contingency, for fiscal sponsor services for the San Francisco Food Council for period of July 1, 2007 through June 30, 2010 (3 years).

Commissioners' Comments

- Commissioner Chow asked that this be presented to the Committee because of its excellent work. If everybody did as much with $80,000, we would have an even healthier city. He also commended their outcome reporting.

- Commissioner Watson asked what type of feedback they have received from the other farmers' markets such as Noe Valley and Park Merced. Paula Jones said these are scheduled to be rolled out in the fall. They already worked with a variety of farmers' markets that serve low income people. As a result of the ordinance approved in January, they will work with the Agricultural Commissioner to make sure that other farmers markets can comply.

- Commissioner Sanchez said this program really makes a difference in the quality of life for families and children in San Francisco.

*(3.5)* **PHP-Housing & Urban Health** – Request for approval of a renewal contract with CATS in the amount of $75,181, which includes a 12% contingency, to provide subsidized rental housing units, for the period of July 1, 2007 through July 31, 2008 (13 months).

*(3.6)* **PHP-Housing & Urban Health** – Request for approval of a renewal contract with St. Vincent de Paul, in the amount of $167,462, which includes a 12% contingency, to provide subsidized rental housing units, for the period of July 1, 2007 through July 31, 2008 (13 months).

Commissioners' Comments

- Commissioner Chow noted the contractor received a two on program compliance. Is that related to being new? Ms. Antonetty said the services and program are great. St. Vincent has been very accommodating with the very challenging DPH population. These are chronic alcoholics that have been on the street for a long time. The Department has had to do some handholding with regard to compliance issues.

*(3.11)* **Central Administration** – Request for approval of a contract with the San Francisco Community Health Authority dba the San Francisco Health Plan (SFHP), in the amount of $7,413,422, for a total contract amount of $8,303,033, which includes a 12% contingency, to provide third-party administrative services related to Healthy San Francisco, for the period of September 1, 2007 through June 30, 2008 (10 months), and designation of SFHP as the sole source of these services.

Commissioners' Comments

- Commissioner Sanchez commented that San Francisco will set a benchmark with this program. Both Jean Fraser and Tangerine Brigham have assumed such leadership on this issue and it gives all the commissioners a feeling of great respect and honor. He thanked them for their commitment to this special mission.

- Commissioner Chow said it is exciting to be working with the same people who do other things and continue to accomplish so much. He asked if the target for the first year is 45,000 enrollees. Ms. Brigham said Healthy San Francisco will be phased in and approximately 4,000 to 5,000 individuals will be joining monthly beginning in September. There will be 13,000 medical homes outside of DPH for which SFHP will be developing the provider network. Commissioner Chow asked if this contract would be added to the list of sole source contracts. Staff said it would.

*(3.12)* **Central Administration-Policy & Planning** – Request for approval of a contract renewal with San Francisco Community Health Authority, in the amount of $11,342,433, to provide universal health insurance services targeting San Francisco children, young adults and young parents, for the period of July 1, 2007 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Watson thanked staff for being a role model for the rest of the United States. This is going to push cities across the nation to do more for children's health.

- Commissioner Chow asked if we have looked at whether or not to extend the program to accept another block of young adults that are uninsured. Mr. Soos replied that his understanding is that those young adults who remain uninsured would now be able to join Healthy San Francisco.

*(3.13)* **CHN/SFGH & LHH Facilities** – Request for approval of thirty-four contract modifications with the following twenty-eight firms: A & B Mechanical, Inc., Acker & Guerrero Roof Co., Agbayani Construction, Inc., Air Duct Cleaning, Anderson Carpet & Linoleum Sale Co., Inc., Angotti & Reilly, Inc., Bay City Boiler & Engineering Co., Inc., Birds Away/Pigeons Away, City Mechanical, Inc., William Decker & Co., Elischer Construction, Inc., Floortrends, Inc., Galindo Installation & Moving Services, Lights On Wheels, McClure Electric, Inc., Migale Painting Co., Mintie Corporation, Monticelli Painting & Decorating, Pioneer Contractors, Inc., Robert Poyas, Inc., Pribuss Engineering, Rubecon General Contracting, Inc., Sierra Electric Co., Steam On Wheels. The Shooter Co., United California Glass Co., Western Roofing Service Co. and Yerba Buena Engineering & Construction, Inc., to increase the total combined amounts by $2,353,000 from $6,637,500 to $8,990,500, to provide the Community Health Network intermittent, as-needed facility maintenance services above baseline civil service staffing and extend the term of the contracts by six months, for the period of July 1, 2005 through December 31, 2007 (30 months).

Commissioners' Comments

- Commissioner Chow asked why they need an increased amount of money for this contract. Mr. Saltz said it is the equivalent to the usage over the next six month. Mr. Saltz said the rates are the same as the previous contracts.

- Commissioner Watson asked if Mr. Saltz has plans to make any changes that would increase the monitoring scores from three to four. Mr. Saltz said the ratings are based on industry standards. The contractors received fours for the work that they did. The threes were mainly for things like billing, invoices, etc.

- Commissioner Sanchez, in terms of ratings, said that threes have always been viewed as acceptable, and fours were held out for honors.

- Commissioner Chow said it is important to say that three is the standard for achieving contracts. These are as-needed vendors, so it is a little harder to ask them to be a four.

*(3.14)* **CHN/SFGHMC-Nursing Operations** – Request for approval of five contract renewals with the following firms: Arcadia Health Services, Inc. dba Arcadia Staff Resources, HRN Services, Inc., Medstaff, Inc., NP Plus, LLC (formerly named Nurse Providers, Inc.) and Professional Resource Enterprises, Inc. dba United Nursing International, in the amount of

$2,700,000, to provide supplemental, temporary Per Diem and Traveling nursing personnel services for San Francisco General Hospital Medical Center, for the period of July 1, 2007 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Chow asked why one of the corrective actions is to have nurses with competency in computers. Is this because we've had experiences in which people have not had these skills? Ms. Digdigan replied that although San Francisco General Hospital is not fully computerized, there are functions that are computer automated. Nurses are coming from other parts of the country and from Canada, some of whom had no computer skills, so this provision ensures that everyone is has the adequate level of skills.

- Commissioner Sanchez said the Moore Foundation has given DPH dollars in order to increase the number of nurses to ensure that we can meet the growing patient demand. At the same time, we are going to lose a significant number of nurses as they retire. With SF State, City College, the UCs, are we going to see some shift in this? Ms. Digdigan said the Moore Foundation has been very helpful, with the goal of helping nurse gain additional skills to improve retention. The grant does not help with nurse recruitment. SFGH has liaisons with schools of nursing. The reality is that in the Bay Area the vacancy rate is lower than average. So it's getting better. They are beefing up their med/surg nursing staff with the goal of having these staff, once they get experience, move to specialized units.

- Commissioner Watson asked if there are barriers to prevent them from hiring per diem nurses. Ms. Digdigan said no, there are no that are no impediments.

*(3.15)* **PHP-Housing & Urban Health** – Request for approval of a renewal contract with Baker Places, Inc., in the amount of $1,055,991, which includes a 12% contingency, to provide supportive and case management services for the DAH tenants at the Empress Hotel, for the period of July 1, 2007 through June 30, 2010 (3 years).

*(3.16)* **AIDS OFFICE-HIV Health Services** – Request for approval of a renewal contract with Westside Community Mental Health Center, in the amount of $1,486,717, which includes a 12% contingency, to provide Centers of Excellence services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through February 29, 2008 (1 year).

Commissioners' Comments

- Commissioner Watson asked how the program is doing compared to the other Centers of Excellence, and requested a September review to the CHN JCC. Ms. Long said she put together a report on all of the Centers of Excellence for the HIV Planning Council. Many issues are shared by this particular COE. Staff vacancies have plagued all COEs. They identify a continuing need for staff training. They have indicated a need for more client education. Data management is an issue as is development of policies and procedures and trying to maintain a consistent level of services across multiple sites.

- Commissioner Sanchez reiterated that this would be a one-year contract, with a report to the CHN JCC, and then a report to the Budget Committee in six months. He noted that this is a new model and a lot of people are working on it. He hopes that through the JCC there can be an overall update on the Centers of Excellence in terms of trends and new or additional pathways.

- Commissioner Chow said because of number of COEs haven't gotten to where we think we want them to be, he would like the JCC and Budget Committee to get a report about how everybody is responding in terms of meeting objectives. Hopefully by September we could see some outcomes. Ms. Long said this is doable, and allows the JCC to get more information about how objectives were developed and the work that goes into making sure the objectives are achieved.

- Commissioner Watson noted the difference in the number of men served as compared to women. Ms. Long said that the ratio is consistent with San Francisco's HIV population. They are listening to the women who are asking for support groups. However, the focus has been on African American men who in the past have not had access to the full range of services.

- Commissioner Chow said he will be interested to see how staff is able to measure the outcome measure to lower the rate of HIV in San Francisco.

*(3.17)* **BHS** – Request for approval of a contract renewal with Crestwood Behavioral Health, Inc., in the amount of $8,535,028 per year, for a total contract amount of $14,338,847, which including 12% contingency, to provide 24-hour skilled nursing facility services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

*(3.18)* **BHS** – Request for approval to renew the contract with Community Vocational Enterprises, Inc., in the amount of $1,877,506 per year, for a total contract value of $9,462,630, which includes a 12% contingency, to provide vocational training services, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

Commissioners' Comments

- Commissioner Chow asked if we followed as we placed people whether or not they stayed in the job. Lorna Jones, Executive Director of CVE, said for the first two quarters, they had 33 placements in the community. Of those 33, 15 have retained their positions over the first two quarters. Commissioner Chow suggested that one of the future measures be job retention.

*(3.19)* **BHS** – Request for site approval for the relocation of the program for Child and Adolescent Psychiatry as follows: FROM Current Site: SF General Hospital 1001 Potrero Avenue San Francisco 94110 TO: 729 Tennessee Street/2130 3$^{rd}$ Street, Pritzker Center, San Francisco 94107

Public Comment

- Dennis Collins is a tenant of 732 Tennessee, directly across the street from the facility, and he did not get any notice of a community meeting. Their concern is that they don't know who is going to be hanging around the neighborhood.

- Petyr Kane, owner of 732 Tennessee, said he never received any public notice for the meeting. He added that there are three entrances to the building. He would like to be involved with staff to see if the entrance on Tennessee Street could be closed off.

Commissioners' Comments

- Commissioner Sanchez wants to make sure that the neighborhood was leafleted about the neighborhood. This takes a great deal of cooperation and communication. He is sure that this can be worked out with the neighborhood as we move through the process. Dr. Martinez said she presented to the Dogpatch Neighborhood Association and Potrero Boosters, and she's happy to continue dialogue at these community meetings.

- Commissioner Chow thinks that we should have a proscribed process through which we can say definitively that we noticed and reached the appropriate population, so we can be assured that a minimum has been done. In addition, often the concern is where the clients go after having been seen. Often the service provider has ways of making sure that people do not linger in the neighborhood after the services. He wants to assure that public that we want to be a good neighbor. He can't answer the question about closing one or two of the entrances, but there is a verbal commitment to work to try to mitigate any problems.

Commissioners' Comments – Health Commission meeting

- Commissioner Dodd, speaking about the Centers of Excellence Contract, said to the contractors present that she expects them to ask for help. If the COEs are meeting every month with DPH staff, and one is not meeting benchmarks, she expects that COE to ask for help. If they are not getting that help, they need to seek assistance from higher up in the Department. She does not feel comfortable approving a contract that received twos across the board. She expects to see success, but meeting these goals is going to be a challenge.

- Commissioner Illig also has concerns about this contract for a number of reasons. He would like to take a look at this and all other Centers of Excellence at the August CHN JCC meeting. This may be a new program but the agencies doing this have a long history with the Department and know our expectations. This is so important that we need to fund it for this year. But if it is not better in the second six months, he will not vote to fund it again. He is also wants the CHN JCC to have a discussion about the Crestwood contract. He is not interested in paying $8 million to place 179 people in IMDs out of San Francisco. Finally, when there are retroactive contracts, he expects payment to the contractors.

Action Taken: The Commission (Chow, Dodd, Illig, Sanchez, Watson) approved the Budget Committee Consent Calendar.

## 4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report.

Katz & O'Connell Share Healthy San Francisco at Public Health Conference

Dr. Katz and Gene Marie O'Connell are attending the Public Health Congress this week in Washington, DC. The Public Health Congress brings together Public Health and Hospital executives to share best practices in preparedness, prevention and infectious disease control. Of no surprise to the Health Commission, there is a significant amount of interest among public officials about Healthy San Francisco. Since Massachusetts' enacted a law providing universal coverage in April of 2006, other states have begun reviewing similar legislation. To date, San Francisco is the only city that has developed a plan to provide access to health care for all of our 82,000 uninsured residents. This morning, Dr. Katz and Gene O'Connell co-hosted a session entitled, "A City Takes Action—San Francisco's Health Access Plan Provides a Blue Print for Cities Across the Nation." Mitch and Gene discussed how the City brought together the key decision makers, the importance of setting the scope of eligibility, coverage and services, overcoming barriers to implementation and managing and funding the program in the long term. This Health Commission should take great pride in the leadership role it has played in sponsoring and supporting the policies that lead to the creation of Healthy San Francisco.

FY 2007-08 Budget

On June 27th the Budget and Finance Committee passed out their budget which will be considered by the full Board today with final passage on July 24th. The Budget Committee's budget includes $10.16 million in additional funding of which $9.13 million is in the General Fund. During the Budget Analyst's review a total of $3.45 million was cut out of the budget. Of this amount $1.2 million was in facilities maintenance that was double counted in the Mayor's Office, $1.6 million in prior years fund balance for Health Kids Young Adults, $477,000 for equipment of which $434,000 will be funded by Equipment Lease Purchase Bonds and the remainder was due to reductions in the cost of items, and $170,000 was for other operating costs and professional services. The Budget Committee restored the $1.8 million in Substance Abuse cuts, $2.9 million for prior year add backs, $1.26 million for the Worker's Compensation Clinic, and $133,000 for the SRO Collaboratives. The budget contained $4.0 million for the CARE grant backfill, $109,000 for the Cancer Awareness and Education Program, $415,000 for the Laguna Honda Transition Unit, and a $130,000 augmentation for the SRO Collaboratives. The Committee also added $1.6 million for an additional 1.0% CBO COLA with the exception of UC. A summary of all the changes is below. The Budget and Finance Committee's budget did not include restoration of the $669,000 for the Health at Home nurses, $91,000 for the Epidemiologist for the Public Health Assessment/Research Unit, or $208,000 for the Laguna Honda Hospital MIS unit.

CHANGES MADE BY THE BUDGET AND FINANCE COMMITTEE

| DESCRIPTION | FTE | GF | Non-GF | TOTAL |
|---|---|---|---|---|
| **New funding** | | | | |
| Cancer Awareness and Education Program, 2822 Educator | 1.00 | 109,196 | | 109,196 |
| Culturally Competent Syringe Exchange for Women in Mission | | 75,000 | | 75,000 |
| Housing and Case Management for LGBTQ, Homeless Youth | | 75,000 | | 75,000 |
| Laguna Honda Hospital Transition Unit | 3.75 | 415,345 | | 415,345 |
| Methadone Treatment Services for Homeless Women in Tenderloin | | 184,445 | | 184,445 |
| Psychiatric Services for Homeless | | 350,000 | | 350,000 |
| Renovation Costs for a Clean and Sober Facility in the Castro | | 50,000 | | 50,000 |
| Restore Substance Abuse Reductions | | 1,800,000 | | 1,800,000 |
| School Health + Wellness Centers | | | 320,000 | 320,000 |
| Sex Worker Program | | 75,000 | | 75,000 |
| SRO Collaborative | | 133,000 | 50,000 | 183,000 |
| SRO Outreach Family Support - Chinatown | | 80,000 | | 80,000 |
| Transgender Services Project | | 150,000 | | 150,000 |
| Restore BOS Health Add-Backs FY 2005-06 & FY 2006-07, cut by DPH | 3.64 | 2,845,597 | 82,871 | 2,928,468 |
| Residential Services for Children's Mental Health | | 140,000 | 280,500 | 420,500 |
| Restore Funding for the Workers Compensation Clinic | 6.77 | 782,035 | 478,420 | 1,260,455 |
| AIDS | | 4,000,000 | | 4,000,000 |
| Workorder balancing | | 25,856 | | 25,856 |
| **Total** | **15.16** | **11,290,474** | **1,211,791** | **12,502,265** |
| | | | | |
| **Budget Committee Reductions** | | | | |
| Reductions - Budget Analyst Recommendations | | (3,452,681) | | (3,452,681) |
| Sheriff's workorder - Porters | | | (35,000) | (35,000) |
| Library workorder - HOT team | | | (25,000) | (25,000) |
| DSS workorder - HOT team | | | (200,000) | (200,000) |
| **Total** | **-** | **(3,452,681)** | **(260,000)** | **(3,712,681)** |
| | | | | |
| **Technical Adjustments** | | | | |
| Capital projects | | (325,000) | | (325,000) |
| Shape up | 0.55 | | | - |
| Deemed Approved Ordinance | | - | 78,000 | 78,000 |
| **Total** | **0.55** | **(325,000)** | **78,000** | **(247,000)** |
| | | | | |
| **Budgeted outside of DPH - Additional 1% CBO COLA excluding UC** | | **1,616,334** | **-** | **1,616,334** |
| | | | | |
| **Grand Total** | **15.71** | **9,129,127** | **1,029,791** | **10,158,918** |

### Healthy San Francisco Debuts at Chinatown Public Health Center and NEMS

Ms. Kronenberg announced that we began signing up individuals for membership in Healthy San Francisco at Chinatown Public Health Center and North East Medical Services (NEMS) on July 2. Several days prior to the debut, the Mayor hosted a media roundtable to provide reporters with details of the plan, the rollout and what to expect in terms of upcoming milestones. Mayor Newsom made an unannounced stop at Chinatown Public Health Center on the first day to talk to staff and new Healthy San Francisco members. One woman in particular provided a compelling story of being uninsured for many years and was especially grateful for the opportunity to become a member of Healthy San Francisco. We believe there are thousands of such individuals and are very excited to be able to provide excellent health care for them. Many thanks to Commissioner Chow for attending the media roundtable, to Dr. Albert Yu, Medical Director of Chinatown Public Health Center and his staff and the staff at NEMS for their enthusiasm and commitment to making Healthy San Francisco a long term success. As of June 13, 284 members have been enrolled in Healthy San Francisco. We predicted that we would have 600 members by the end of August.

### Land Use & Economic Development Committee Hearing on BVHP Lennar Site

The Land Use & Economic Development Committee held a hearing last week to hear community concerns regarding Lennar's work procedures as they relate to dust control and health issues arising from the development work currently going on at the site. Members from the community voiced the same concerns to the Board of Supervisors as they articulated here to the Health Commission at the June 5th meeting.

### YMCA Property to Be Developed into Holistic Healthcare Facility for Homeless

Housing and Urban Health has teamed up with Tenderloin Neighborhood Development Corporation and A.F. Evans Company to redevelop the historic YMCA property located at 220 Golden Gate Ave. The project will include 174 studio units for persons who have been chronically homeless. In addition to wonderful housing units, the building will include an expanded Housing and Urban Health Clinic and Wellness Center that will provide holistic healthcare to residents of the building and surrounding supportive housing sites. The building also includes other non-residential spaces important to health and well being of the residents including a full gymnasium, meeting space, auditorium, and support service offices.

### Hepatitis A& B Vaccines Administered during Pride Weekend

During Pride 2007 last month, six clinicians administered a total of 438 Twinrix doses (vaccine to prevent both Hep A & Hep B) to PrideFest patrons. The vaccines were free and part of a donation to San Francisco from Illinois. The next Hep Team event is July 29th at the Dore Alley Street Fair.

### Car Seat Education and Funding

Community Health Promotion and Prevention (CHP&P) has been awarded a new grant of $387,557 for 2008 - 2009, by the California Office of Traffic Safety, to continue to provide car seat access, information, and education to low-income and minority families and caregivers. Current participants in CHP&P child passenger safety efforts include the Women's Clinic at SFGH, Mission Neighborhood Health Center, CARECEN and Vis Valley Community Center. So far in 2007, we have jointly conducted 36 Public Education presentations, 48 Child Safety checkup events and have distributed and properly fit 504 Child and Booster seats.

### Eastern Neighborhoods Community Health Impact Assessment Wins National Award

The Eastern Neighborhoods Community Health Impact Assessment (ENCHIA) project has received a 2007 Model Practice Award from the National Association of County and City Health Officials

(NACCHO). The program received the award for "demonstrating exemplary and replicable qualities in response to a local public health need."

In 2004, the DPH Program on Health, Equity, and Sustainability convened and facilitated ENCHIA involving over 20 diverse organizations whose interests were affected by development. Focused on development occurring in the Mission, South of Market and Potrero Hill neighborhoods and based on the framework of "Health Impact Assessment" (HIA), the ENCHIA process reflected growing scientific understanding that optimal health could not be achieved by health services and individual behaviors alone, but through healthful neighborhood conditions. The 18-month process sought to better understand the connections between health and development patterns, to measure social and environmental conditions important to health in San Francisco, and to identify ways that land use development could promote and protect health.

The Healthy Development Measurement Tool (HDMT) was the most significant product of the ENCHIA process, providing an evidence-based method for considering public health in land use planning. SFDPH staff is currently working with staff of the Planning Department and community representatives on applying the HDMT to land use plans in South of Market, the Mission, Potrero Hill, Treasure Island, and Visitation Valley. We believe ENCHIA and the HDMT has catalyzed a new appreciation for health in land use planning that will ultimately improve the health status of all San Francisco residents.

To learn more about ENCHIA and the HDMT, visit www.thehdmt.org or contact, Lili Farhang, project coordinator, at lili.farhang@sfdph.org.

National Organization Explores Accreditation of State and Local Health Departments
Ms. Kronenberg updated the Commissioners on a movement that began in 2003 to establish a voluntary accreditation process for local and state health departments. Accreditation has been identified by the Centers for Disease Control (CDC) as a key strategy for strengthening the public health infrastructure and would add a level of accountability and quality improvement by making health departments accountable for their work. After four years of task force and planning meetings at all levels of public health involvement, the *Exploring Accreditation* project established the Public Health Accreditation Board (PHAB) and in May of this year, named Dr. Albert Gray as its first Executive Director. In the coming months, PHAB expects to establish workgroups and will begin what is anticipated to be a two-year process to develop accreditation and evaluation standards. Dr. Katz will continue to update the Commissioners on the progress of implementing voluntary accreditation within local health departments and look forward to exploring this option when it becomes available. More information is available at www.phaboard.org.

STD Program Updates
On June 16 & 17, the STD Section participated in the **San Francisco Juneteenth Celebration**. This is a family focused cultural event, targeting persons of color. A variety of health and social service agencies distributed information of interest and importance to both adults and youth. The STD Section used this opportunity to disseminate information about STDs targeting African American youth and our text messaging service **SexInfo**.

The STD Section will officially launch their new syphilis elimination campaign tomorrow called "***Dogs Are Talking***". A press conference will be held with several of community partners at Civic Center Park. The campaign utilizes photos of dogs that live in the Bay Area and has them communicating with each other about healthy sexual behaviors that they want their humans to practice. The first ad will be in the July 19th edition of the *Bay Area Reporter* and will feature Hooper, one of the dogs selected at the June "casting call".

Gene O'Connell Named as Chair of National Association of Public Hospitals & Health Systems

Gene Marie O'Connell, CEO of San Francisco General Hospital Medical Center, was named Chair of the National Association of Public Hospitals & Health Systems at last month's annual conference in Boston, MA. This is a great honor for Ms. O'Connell, as NAPH represents over 100 hospitals and health systems across the nation, that together comprise the essential infrastructure of many of America's largest metropolitan health systems, including San Francisco General Hospital Medical Center. Additionally, Ms. O'Connell remains a Board Member of the National Public Health & Hospital Institute which is the research arm of NAPH. Earlier this year, Ms. O'Connell was honored for the sixth consecutive year by San Francisco Business Times as one of the top 100 most influential women in Bay Area business.

Community Health Network, San Francisco General Hospital, Credentials Report, July 2007

| | 07/07 | 07/07 to 07/08 |
|---|---|---|
| New Appointments | 31 | 9 |
| Reinstatements | 0 | 0 |
| Reappointments | 44 | 38 |
| Delinquencies: | 0 | 0 |
| Reappointment Denials: | 0 | 0 |
| Resigned/Retired: | 10 | 5 |
| Disciplinary Actions | 0 | 0 |
| Restriction/Limitation-Privileges | 0 | 0 |
| Deceased | 1 | 0 |
| Changes in Privileges | | |
| Additions | 5 | 3 |
| Voluntary Relinquishments | 7 | 2 |
| Proctorship Completed | 5 | 3 |
| Proctorship Extension | 0 | 0 |

| Current Statistics – as of 07/1/07 | | | |
|---|---|---|---|
| Active Staff | 499 | | |
| Courtesy Staff | 568 | | |
| Affiliate Professionals (non-physicians) | 209 | | |
| TOTAL MEMBERS | 1,276 | | |
| Applications In Process | | 56 | |
| Applications Withdrawn Month of July 2007 | | 0 | 0 (07/07 to 07/08) |
| SFGH Reappointments in Process Aug. 2007 to Nov. 2007 | | 198 | |

Commissioners' Comments

- Commissioner Watson noted for the record that he, Commissioner Dodd and Commissioner Illig made an unofficial site visit to Parcel A and Parcel B in Hunters Point today, July 17th. The sprinklers were in operation and they did not see any dust. He also made an unofficial site visit last week.

- Commissioner Illig asked for confirmation that at total of $8 million was allocated for the CARE backfill. Mr. Sass said it is closer to $9 million. DPH has not received any feedback from the Board about how the money is to be allocated, but the dollars are available to cover all of the CARE cuts and all of the CMS earmark cuts. Commissioner Illig asked if there are assurances from the department that the money will be going back to the contractors that were cut. Mr. Sass cannot speak to every contract, but he has seen nothing to suggest that the money would be spent differently. Commissioner Illig asked what the COLA amount is. Mr. Sass said the Mayor increased the COLA from 2% to 2.45%, and the Board added 1% on top of this. Commissioner Illig asked if the Board accepted the proposal to reduce inpatient psychiatric beds and open a community ADU. Mr. Sass said there was a lot of discussion at the Board about this. Supervisor Peskin spoke to the policy issues and why he thought it was the right policy decision to close the beds. The closure would not happen for six months, so boardmembers feel they have opportunities between now and then to look into this further if need be. But the short answer is the beds were not restored to the budget.

## 5) RESOLUTION COMMENDING ST. JOSEPH'S HEALTH SUPPORT ALLIANCE

Commissioner Illig presented a proclamation to the St. Joseph's Health Support Initiative and the Franciscan Sisters of the Sacred Heart. The Franciscan Sisters sold St. Joseph's Hospital in the 1980s. The money from that sale has gone back into support services for people living with HIV and AIDS. Brian Cahill from Catholic Charities said that St. Joseph's Health Support Alliance has provided $3 million for people living with HIV/AIDS in San Francisco. He thanked the Health Commission for giving them credit for doing so. Sister Ruth spoke on behalf of the Franciscan Sisters.

Commissioners' Comments

- Commissioner Sanchez said that St. Joseph's has played such a unique role in San Francisco and it is so nice to be able to honor the sisters.

- Commissioner Dodd said her grandfather did his medical internship at St. Joseph's Hospital in 1923.

- Commissioner Chow said it is wonderful to understand that the work of St. Joseph's continues to live on, and continues to give this type of service back to the community.

Action Taken: The Commission (Chow, Dodd, Illig, Sanchez, Watson) approved Resolution 10-07, "Commending St. Joseph's Health Support Alliance," (Attachment A).

## 6) APPROVAL OF HEALTHY SAN FRANCISCO FEE STRUCTURE

Tangerine Brigham, Director, Health Access Program, presented the proposed Healthy San Francisco fee structure. She also gave a brief update on the program, summarizing key activities with respect to the debut and overall project planning. Healthy San Francisco debuted on July 2, 2007 at Chinatown Public Health Center and North East Medical Services. The time period for debut is July and August 2007. The target population for the debut is enrolling clinic patients with an annual income at or below 100% FPL who meet all HSF eligibility. 600-1,000 participants are projected. As of July 9, 2007, there were 179 uninsured residents enrolled in the program.

The Department is proposing a fee structure that would replace the current Sliding Scale Fee Schedule for services offered under HSF. The Department would maintain the Sliding Scale Fee Schedule for services not offered under HSF. Under the fee structure participants would pay a quarterly participation fee to maintain enrollment in the program and point-of-service fees when accessing services. The fee structure is built on the Federal Poverty Level guidelines.

Intent of Fee Structure

- Fees represent a share of the costs associated with providing services to HSF participants
- Recognizes that affordability impacts access
- Provides a subsidy to eligible participants with incomes at or below 500% Federal Poverty Level
- Does not comprise majority of revenue base to support the program
- Does not entirely replace the Sliding Scale Fee Schedule

The proposed fee structure is a significant change for DPH staff and DPH clients. It is a critical component of the program and is designed to provide incentives for appropriate utilization. It requires a clear articulation of what the participant will receive: improved eligibility and enrollment; clear information on cost of care; a primary care medical home and accessible clinic hours; comprehensive services; and customer service. DPH will monitor program disenrollments, in particular those related to payment, to determine the impact of the fee structure.

Commissioners' Comments

- Commissioner Dodd asked if there is a problem having different fee schedules from clinic to clinic in terms of equity of access. Ms. Brigham said that people will make decisions based on a number of factors. Some will do this on price, others on cultural competency. Commissioner Dodd asked how successful we are currently in collecting sliding scale fees. Ms. Brigham said that in the centers were they collect on site, they are very good. At the other centers they generally bill. Once people are mailed a bill, we have been spotty on collections. The hope is that by going to a point of service fee, the collection rate will increase. Commissioner Dodd asked if the issues raised by Legal Aid Society about not being able to charge before providing services of an urgent or emergent nature will impact this proposal. Ms. Brigham said emergency services are governed by EMTALA and we always see someone irrespective of their ability to pay. There is a different between emergency care and urgent care. Commissioner Dodd asked if staff has an idea of the cost of enrollment and disenrollment. Ms. Brigham said they do not; this will be part of the analysis they will undertake.

- Commissioner Chow asked if we are collecting a co-payment per service or per visit. Ms. Brigham said it is per service, and it depends upon how your visits are clustered in any particular day. Commissioner Chow said his question then is, when you analyze the impact of co-pays for 100% to 500%, does it take into consideration that someone would pay for each service. Ms. Brigham said yes, and this is based on DPH data. Commissioner Chow is says we charging the same co-pay for someone at 110% of FPL as one at 500% of FPL, yet the impact on the lower income person is greater. He is not opposed to approving this but in the course of experience we should look at this issue. His understanding is that the fee schedule is not being put into the regulations because we want to be flexible to respond to problems. He wants to make sure that during this pilot stage, someone keep an eye on the issue on the impact on at 100% FPL compared to someone at 500% FPL. He is concerned that the co-pay may be an impediment to services. Commissioner Chow noted that the application has an Asian and an Asian/Pacific Islander category, which might be confusing. He also suggested that a multi-racial option be included. Ms. Brigham said this is a typo—it should just read Pacific Islander.

- Commissioner Illig asked if the staff will ask a client if he or she is a documented immigrant. Ms. Brigham said there is a citizenship verification form that was developed with community advocates. The health care coverage initiative requires that they ensure that all people who receive coverage under this initiative are U.S. citizens. Commissioner Illig said this is really about 33 percent of the people we are going to serve. Two thirds of the people are below the poverty level and they will not be paying anything, which is how it should be. Health care is a right and for poor people, it should be free. He wants to talk about the clinic expansion, the coordination of services, and other things that will result in the improvement of people's health outcomes. He is concerned about folks who earn between 101% and 200% FPL. For them, even a $20 a month fee is going to be difficult. We may find that for that 21 percent of our population, this is a burden that will discourage them from getting health care. If we find this, we can revisit and change it.

Action Taken: The Commission (Chow, Dodd, Illig, Sanchez, Watson) approved Resolution 11-07, "Approving the Healthy San Francisco Participant Fee and Point-Of-Service Fee Structure," (Attachment B).

## 7) APPROVAL OF REGULATIONS IMPLEMENTING HEALTHY SAN FRANCISCO AND MEDICAL REIMBURSEMENT ACCOUNT PROVISIONS OF THE SAN FRANCISCO HEALTH CARE SECURITY ORDINANCE

Tangerine Brigham, Director, Health Access Program, presented the Healthy San Francisco (HSF) Regulations. These regulations will govern HSF and the Medical Reimbursement Account provision of the San Francisco Health Care Security Ordinance, and establish the procedures by which these two programs will be operated. The regulations were developed based on the design framework that was presented to the Health Commission at its January 30 and May 1, 2007 meetings. The Department released the regulations for public comment on June 15, 2007 and people had until June 29, 2007 to submit comments. Public notice for this meeting was provided on June 15, 2007 and July 5, 2007. The regulations cover program definitions, eligibility, fee structure, services, service provision, delivery network, covered employer participation, public information, administration and reporting of HSF and the Medical Reimbursement Account program. They set forth the parameters for the administration of HSF and MRS and will be used to develop appropriate public information material regarding program eligibility, services, fees, provider network and other information useful for applicants and program participants. The Rules and Regulations are posted on the DPH website at www.sfdph.org, and the Healthy San Francisco website at

Public Comment

- Terry Feeley, Director of SF Works, said she respects the work of Ms. Brigham and her team. But she continues to be concerned that the enrollment processes, specifically the two-stop process, is going to contribute to employees not enrolling in the program. Employees would have to go to a third-party site during their non-work hours to be screened and enroll. In general there is very little take up of public benefits by the poor in San Francisco because they do not have time to go through the enrolment process. She is wondering if there could be additional creativity in terms of the process. Most working individuals are not going to qualify for State and Federally subsidized health insurance. She is concerned that it will result in decreased support for the program.

Commissioners' Comments

- Commissioner Chow is sympathetic to employer enrollment. Is there a way to continue to explore how to use this relationship? If we are going to have the cooperation of our small employer groups, we need to have this as an option. Ms. Brigham said they share concern around ease of access. Ms. Fraser said the question is very important and they spent a great deal of time considering. This program is under current challenge, and the regulations around employers were closely vetted by the City Attorney's office and there is not a lot of flexibility. DPH has contracted with the Health Plan to outreach to employers. Commissioner Chow asked if there are efforts on the other end to bolster specialty services and increase access. Ms. Brigham said a component of the HSF budget relates to clinical expansions and redesign of systems, including improving access to specialty care. For the first year they are looking at most of the specialty care being provided at the Department of Public Health. Commissioner Chow asked the process by which the Rules and Regulations could be changed. Ms. Brigham said they would come back to the Health Commission. The Commission can amend by bringing the regulations back to the Commission.

Action Taken: The Commission (Chow, Dodd, Illig, Sanchez, Watson) approved Resolution 12-07, "Approving Regulations Implementing Healthy San Francisco and Medical Reimbursement Account Provisions of the San Francisco Health Care Security Ordinance," (Attachment C).

## 8) JAIL HEALTH REPORT

Joe Goldenson, M.D., Director, Jail Health Services, presented a Jail Health Services update. The packet that was given to Commissioners includes overall information about jail health services, but this presentation focused on working in the jail. Dr. Goldenson and Jo Robinson, Director of Jail Psychiatric Services, showed the Commission the slide show that is given to 8-10 Jail Health staff members at a group training session every month. The discussion with staff reinforces the public health mission of Jail Health Services and the connection to the Department of Public Health. This is an interactive presentation and every slide generates discussion among the staff in attendance. Maintaining professionalism is one emphasis of the slide show. Custody care is very different from other environments and the jail milieu provides unique challenges to the correctional care giver. However, the quality of care must be at the same level as any other institution. Common staff frustrations include: difficult environment to work in; lack of staff and resources; lack of acceptance by custody staff; challenging patient population; resentment that inmates have easier access to medical services; annoyance at minor reasons for which inmates seek medical attention; perception of over-utilization of services. The discussion talks about the need to be vigilant against staff institutionalization, and the need for caregivers in jail settings to identify with their colleagues in the community. They talk about the mission and vision statements and the commitment to providing continuity of care when inmates are released into the community, being respectful of different cultures, being sensitive to patients' traumas, both historical and current and staff burnout.

Commissioners' Comments

- Commissioner Illig really appreciates the way the report was presented this year. He received the data and demographics, but focusing on how they deal with staff was really compelling. He heard this report at the CHN JCC and it was no less touching this time. He encouraged Dr. Goldenson to work with staff to attach measurable outcomes to their mission and vision statements. He would like to work with staff on a way to get people discharged from jail better linked to services so that the good work of the jail staff is not lost once people get out into the community. He asked Mr. Sass if there is any reason why Jail Health Services should not be put back into the Health Department's budget. Mr. Sass said when it was part of the DPH general fund, we would over expend every year, and each year no additional general fund would be given to these services. Then it got to the point that the Sheriff recommended outsourcing Jail Health services. Their efforts to do that led the Mayor's Office to decide that the Sheriff should have control over the budget. Since Jail Health Services has been with the Sheriff, we have had better luck getting more funding to the Sheriff to deal with the increase. The workorder has grown at a faster rate over the past few years. So we are doing economically better. The relationship between the Sheriff and the public health staff in the jails is never going to be very good. Commissioner Illig asked if Jail Health benefits from the extra money we receive from Laguna Honda and San Francisco General. Mr. Sass said no. Commissioner Illig is concerned that the Sheriff is an elected official with no oversight. These clients are our clients, whether in jail or not.

- Commissioner Watson said the outcome objectives should focus on burnout. He appreciates the report.

- Commissioner Chow said the Commission should not forget that for many years we were under a court order to provide the services we now do voluntarily. We have created a model that we should be promulgating to other counties. The Commission did take umbrage at the idea of outsourcing. For many years DPH revenues paid for deficits in Jail Health Services that the county refused to take responsibility for. One of our challenges here is not being able to fund aftercare. The Health Commission needs to help with this problem

- Commissioner Dodd volunteered herself and Commissioner Chow to do an article to the San Francisco Medical Society Journal that highlights what Jail Health is doing around staff training.

## 9) APPROVAL OF A REVENUE SUPPLEMENTAL FOR SAN FRANCISCO GENERAL HOSPITAL AND LAGUNA HONDA HOSPITAL

Gregg Sass, Chief Financial Officer, said DPH is requesting approval of a year-end supplemental appropriation of $6.796 million for expenditures that exceed budget at San Francisco General

Hospital and Laguna Honda Hospital. In February 2007, DPH submitted a supplemental appropriation request for the two hospitals based on six months of actual expenditures. Based on actual FY 2006-2007 payroll expenditures, additional appropriation authority is requested. Funding for the supplemental is from SFGH revenues that are expected to exceed budget by $5.647 million.

Commissioners' Comments

- Commissioner Dodd asked if the Commission gets a quarterly update that this is what we can expect in terms of finances. Mr. Sass said yes, the Commission receives quarterly financial reports.

  Action taken: The Commission approved the revenue supplemental appropriation for San Francisco General Hospital and Laguna Honda Hospital.

## 10) COMMISSIONER REPORTS/ANNOUNCEMENTS

No reports were presented.

## 11) JOINT CONFERENCE COMMITTEE REPORTS

No reports were presented.

## 12) PUBLIC COMMENT

Taken out of order, at 4:00 p.m.

Jason Grant Garza said the Health Commission will hopefully open up an investigation about improper care at San Francisco. He was illegally arrested at San Francisco General in 2001. His doctor at the time was Dr. Katz. He has a settlement against San Francisco General issued by the Office of Inspector General. The follow up to care is dismally lacking. Just like in the movie Sicko, the government has denied him his rights in every way—legally, medically, civically and every other which way. The Health Commission needs to address this issue.

At end of the agenda

Anonymous gentleman expressed concerned about the facility that is going to be on Tennessee and 18th Street. There will be a lot of clients who are adolescents with alcohol or drug problems. He is concerned it is going to change the neighborhood. He wishes they would do something to make it. Commissioner Sanchez said the people involved in the project from DPH and UCSF are also concerned about the impact, and will be working with the community to address concerns and receive input. If not, the gentleman should come back before the Health Commission and let us know.

## 13) OTHER BUSINESS

Commissioner Illig raised the issue of St. Luke's acute care services, and asked at what point the Health Commission gets involved in this issue. Everybody knows that CPMC wants to build on Van Ness. We should work to have these permits held until they commit to St. Luke's acute care. Dr. Katz said most people believe that the plan is to keep St. Luke's open just until they get the permits for Cathedral Hill. The Board of Supervisors is very clear on that dynamic. The Health Commission should rightfully comment and weigh in on this policy issue. A content issue worth debating is, what exactly do we want them to do with St. Luke's. Commissioner Illig said the Lewin report will be done in September, and will it be presented to the CHN JCC. Ms. Kronenberg said they are hopeful that the report would be done in September, and she can tentatively schedule a presentation to the Health Commission in October. Dr. Katz said CPMC has not even begun the formal EIR process, so the Commission does not have to worry about missing an opportunity. Another Board issue to watch is Sophie Maxwell introduced legislation that requires the Health Department to hire or contract with a planner to review all of the Institutional Master Plans submitted by hospitals in the city.

Commissioner Illig informed the Commission that the CHN JCC is going to start looking at all the addbacks in a program review setting, ask for monitoring reports, and evaluate if they should be funded next year. The CHN JCC is also going to be delving into the Strategic Plan.

Commissioner Dodd would like to make it standard practice that when invitations come in, Commissioners, with the help of Commission staff, divide up the events to make sure there is representation whenever possible. Second, she would like the Commission, as a routine, to send a letter to community people who are receiving awards or being acknowledged for work.

Commissioner Sanchez said the San Francisco General Hospital Medical Staff was excellent. It was unique in the fact that the Mayor not only came but also presented an award to Judy Guggenheim. It was well attended. He was joined by Commissioner Watson and Commissioner Illig.

## 14) ADJOURNMENT

The meeting was adjourned at 6:50 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachments: (3)

## HEALTH COMMISSION
**City and County of San Francisco**
**Resolution No. 10-07**

## COMMENDING ST. JOSEPH'S HEALTH SUPPORT ALLIANCE

WHEREAS, the St. Joseph's Health Support Alliance has provided support for people living with HIV/AIDS in the City and County of San Francisco for the past twenty one years; and

WHEREAS, St. Joseph's Health Support Alliance draws on a century-old heritage of service by the Franciscan Sisters of the Sacred Heart; and

WHEREAS, St. Joseph's Health Fund was created from money that came from the sale of the financially troubled St. Joseph's hospital near Buena Vista Park in the early 1980s; and

WHEREAS, St. Joseph's Heath Support Alliance provided the original funding for Catholic Charities CYO to start its support services for people living with HIV/AIDS; and

WHEREAS, this year St. Joseph's Health Support Alliance donated $1 million – the largest foundation gift Catholic Charities CYO has ever received – to continue the work of the program; and

WHEREAS, including this year's $1 million donation, St. Joseph's has provided Catholic Charities CYO with a total of $3 million for people living with HIV/AIDS with incomes below $12,000 annually; and

WHEREAS, St. Joseph's financial assistance offsets medical bills, prescription subsidies, eyeglasses, alternative care, dental care, vitamins, and other medical costs not covered by private insurance for people living with HIV/AIDS with incomes below $12,000 annually; now, therefore, it is

RESOLVED, that the San Francisco Health Commission commends St. Joseph's for its support for people living with HIV/AIDS in the City and County of San Francisco.

I hereby certify that the San Francisco Health Commission at its meeting of July 17, 2007 adopted the foregoing resolution.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachment A

# HEALTH COMMISSION
## City and County of San Francisco
## Resolution No. 11-07

# APPROVING THE HEALTHY SAN FRANCISCO PARTICIPANT FEE AND POINT-OF-SERVICE FEE STRUCTURE

WHEREAS, in August 2006, the San Francisco Board of Supervisors adopted the Health Care Security Ordinance (No. 218-06; Chapter 14 of the San Francisco Administrative Code) creating the Health Access Program and in April 2007 the name of the Health Access Program was changed to "*Healthy San Francisco: Our Health Access Program*" (HSF); and,

WHEREAS, the San Francisco Department of Public Health (Department) is responsible for the design, planning, development, implementation and ongoing oversight of HSF and the Medical Reimbursement Account provision; and,

WHEREAS, the Department has developed a fee structure for HSF that encompasses a participation fee and a point-of-service fee; and,

WHEREAS, the participation fee is a quarterly amount that participants in HSF must pay to remain eligible for care under the program and the point-of-service fees are amount(s) a participant must pay for specific services at the time services are obtained; and,

WHEREAS, the fee structure recognizes that affordability impacts access and thus takes a participant's annual income (based on the Federal Poverty Level) into account; and,

WHEREAS, the fee structure provides a subsidy to eligible participants seeking care such that the program participant is not responsible for paying the full cost of the care received;

WHEREAS, while the fee structure would replace the current Sliding Scale Fee Schedule for services offered under HSF, the Department would maintain the Sliding Scale Fee Schedule for those not participating in HSF and for services provided by the Department, but not under the program (e.g., dental); and,

WHEREAS, the point-of-services fees assessed by San Francisco Community Clinic Consortium member clinics participating in HSF may differ from the point-of-service fees outlined in the Healthy San Francisco Participant Fee and Point-of-Service Fee Structure; and,

WHEREAS, independent analysis found that, on average, HSF participants would pay 2.2% of their income on fees (both participant and point-of-service); and,

WHEREAS, the Department will periodically review the fee structure to ensure that it is not an impediment to receiving services and seek adjustments if it is determined to limit access to care; and,

WHEREAS, the fee structure, once adopted, will be made available to the public in program materials, and on both the Department's and HSF websites; and therefore, be it,

RESOLVED, that the Health Commission approves adoption of the Healthy San Francisco Participant Fee and Point-of-Service Fee Structure.

I hereby certify that the San Francisco Health Commission at its meeting of July 17, 2007 adopted the foregoing resolution.

Michele Seaton
Executive Secretary to the Health Commission

Attachment B

**HEALTH COMMISSION**
**City and County of San Francisco**
**Resolution No. 12-07**

# APPROVING REGULATIONS IMPLEMENTING HEALTHY SAN FRANCISCO AND MEDICAL REIMBURSEMENT ACCOUNT PROVISIONS OF THE SAN FRANCISCO HEALTH CARE SECURITY ORDINANCE

WHEREAS, in August 2006, the San Francisco Board of Supervisors adopted the Health Care Security Ordinance (No. 218-06; Chapter 14 of the San Francisco Administrative Code) creating the Health Access Program and in April 2007 approved amendments to the Ordinance by authorizing the establishment and maintenance of Medical Reimbursement Accounts (No. 69-07); and,

WHEREAS, in April 2007, the name of the Health Access Program was changed to "*Healthy San Francisco: Our Health Access Program*" (HSF); and,

WHEREAS, the San Francisco Department of Public Health is responsible for the design, planning, development, implementation and ongoing oversight of Healthy San Francisco and the Medical Reimbursement Account provision; and,

WHEREAS, pursuant to Chapter 14, Section 14.4 of the San Francisco Administrative Code, the Department developed regulations to govern the Healthy San Francisco and Medical Reimbursement Account provision authorized in the San Francisco Health Care Security Ordinance; and,

WHEREAS, the regulations cover program definitions, eligibility, fee structure, services, service provision, delivery network, covered employer participation, public information, administration and reporting of Healthy San Francisco and the Medical Reimbursement Account provision; and,

WHEREAS, the regulations set forth the parameters for the administration of Healthy San Francisco and the Medical Reimbursement Account provision and will be used to develop appropriate public information materials regarding program eligibility, services, fees, provider network and other information useful for applicants and program participants; and,

WHEREAS, the Department sought and received public comment on the draft regulations and took those comments under consideration in finalizing regulations for adoption by the San Francisco Health Commission; and,

WHEREAS, the regulations, once adopted, will be made available to the public on both the Department's and Healthy San Francisco websites; and therefore, be it,

RESOLVED, that the Health Commission approves adoption of the Regulations Implementing Healthy San Francisco and Medical Reimbursement Account Provisions of the San Francisco Health Care Security Ordinance.

I hereby certify that the San Francisco Health Commission at its meeting of July 17, 2007 adopted the foregoing resolution.

Michele M. Seaton
Michele Seaton
Executive Secretary to the Health Commission

Attachment C

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Michele M. Seaton**
Executive Secretary

**TEL (415) 554-2666**
**FAX (415) 554-2665**

**Web Site: http://www.sfdph.org**

# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, August 7, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

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***The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove**. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.*

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 17, 2007**
**Minutes of the meeting of July 17, 2007*

## 3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

For Approval

**(3.1) AIDS OFFICE-HIV Prevention Services** – Request for approval of a new contract with Instituto Familiar de la Raza, in the amount of $178,080, which includes a 12% contingency, to provide HIV prevention services - Health Education and Risk Reduction services for youth, to behavioral risk populations in San Francisco, for the period of July 1, 2007 through June 30, 2009 (2 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.2) AIDS OFFICE-HIV Prevention Services** – Request for approval of a retroactive renewal contract with Institute for Community Health Outreach, in the amount of $178,080, which includes a 12% contingency, to provide HIV prevention services - Health Education and Risk Reduction services for youth, to behavioral risk populations in San Francisco, for the period of July 1, 2007 through June 30, 2009 (2 years).
** Contract summary, Monitoring report summary, Plan of Correction, Client demographic information form*

**(3.3) AIDS OFFICE-HIV Prevention Services** – Request for approval of a retroactive renewal contract with UCSF Positive Health Program – Prevention With Positives in a Clinical Setting Program, in the amount of $238,864, which includes a 12% contingency, to provide HIV prevention services, for the period of July 1, 2007 through June 30, 2009 (2 years).
* Contract summary, Monitoring report summary, Client demographic information form

**(3.4) AIDS OFFICE-HIV Prevention Services** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $212,578, which includes a 12% contingency, to provide fiscal intermediary support for HIV prevention program services, for the period of
July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.5) AIDS OFFICE-HIV Prevention Services** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $156,800, which includes a 12% contingency, to provide fiscal intermediary support for the Positive Reinforcement Opportunity Project, for the period of July 1, 2007 through June 30, 2009 (2 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.6) CHN-SFGH** – Request for approval of a contract modification with the Regents of the University of California, San Francisco to extend the contract for three months through September 30, 2007, to provide Tertiary Care services targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County Jail patients, in the amount of $425,000, for the period of July 1, 2007 through September 30, 2007, for a total contract value of $2,125,000, for the period of July 1, 2006 through September 30, 2007 (15 months).
** Contract summary, Monitoring report summary*

**(3.7) BHS** – Request for approval of a retroactive contract renewal with Swords to Plowshares, in the amount of $484,754 per year for a total contract value of $2,388,514, which includes a 12% contingency, to provide mental health services to veterans, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

For Discussion and Approval

**(3.8) BHS** – Request for approval of a renewal contract with Friendship House Association of American Indians, Inc., in the amount of $395,136 per year, for a total contract amount of $1,991,485, which includes a 12% contingency, to provide residential substance abuse treatment services targeting adult American Indians and homeless individuals, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.9) BHS** – Request for approval of a renewal contract with the San Francisco Mental Health Education Funds, Inc., in the amount of $273,690 per year, for a total contract amount of $1,379,398, which includes a 12% contingency, to provide outreach and Police Intervention Training services, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.10) BHS** – Request for approval of a renewal contract with Progress Foundation in the amount of $19,463,066, for a total contract amount of $21,798,633, which includes a 12% contingency to provide residential mental health services for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

**(3.11) BHS** – Request for approval of a contract renewal with Community Awareness and Treatment Services, Inc., in the amount of $6,035,303 per year for a total contract value of $16,828,857, which includes a 12% contingency, to provide substance abuse treatment services for the period of July 1, 2007 through December 31, 2009 (2.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

**(3.12) BHS** – Request for approval of a renewal contract with San Francisco Bar Association, in the amount of $310,030 per year for a total contract value of $1,562,551, which includes a 12% contingency, to provide Supplemental Security Income assistance to homeless or at risk of homelessness, for the period July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.13) BHS** – Request for approval of a renewal contract with Calvin Y. Louie, CPA dba Louie & Pak, LLP, in the amount of $16,353,846, which includes a 12% contingency, to provide fiscal intermediary services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Monitoring report summary*

**4) FOR DISCUSSION: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **PRESENTATION OF NEW DPH WEBSITE**
(Anne Kronenberg, Deputy Director of Health)
**Presentation*

6) **FOR DISCUSSION:** **HEALTHY SAN FRANCISCO UPDATE**
(Tangerine Brigham, Director, Health Access Program)
**Update*

7) **COMMISSIONER REPORTS/ANNOUNCEMENTS**

8) **FOR DISCUSSION:** **JOINT CONFERENCE COMMITTEE REPORTS**
(Reports by the Chairs of the Joint Conference Committees)

9) **PUBLIC COMMENT** **

10) **OTHER BUSINESS*****

11) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity for Health Commissioners to raise issues that fall within the subject matter jurisdiction of the Health Commission for discussion and referral to a future Health Commission or Health Commission Joint Conference Committee meeting.

**Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

**Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

**San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

**Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Catherine Dodd, R.N., Ph.D.
Commissioner

Roma P. Guy, M.S.W.
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James M. Illig
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Markus Watson, D.D.S.
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Michele M. Seaton**
Executive Secretary

**TEL (415) 554-2666**
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**Web Site:** http://www.sfdph.org

# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, August 7, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

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## 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:10 p.m.

| | |
|---|---|
| Present: | Lee Ann Monfredini, President<br>David J. Sanchez, Jr., Ph.D., Vice President<br>Edward A. Chow, M.D.<br>Catherine Dodd, R.N., Ph.D.<br>Roma P. Guy, M.S.W.<br>James M. Illig<br>Markus Watson, D.D.S. |

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 17, 2007

Action Taken: The Commission approved the minutes of the July 17, 2007 Health Commission meeting.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Watson and Commissioner Chow attended the Budget Committee meeting. The committee requested that Item 3.1, Item 3.2 and Item 3.3 be moved to the discussion section of the agenda.

For Approval

**(3.4) AIDS OFFICE-HIV Prevention Services** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $212,578, which includes a 12% contingency, to provide fiscal intermediary support for HIV prevention program services, for the period of July 1, 2007 through June 30, 2008 (1 year).

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For Discussion and Approval

**(3.1) AIDS OFFICE-HIV Prevention Services** – Request for approval of a new contract with Instituto Familiar de la Raza, in the amount of $178,080, which includes a 12% contingency, to provide HIV prevention services - Health Education and Risk Reduction services for youth, to behavioral risk populations in San Francisco, for the period of July 1, 2007 through June 30, 2009 (2 years).

Commissioners' Comments

- Commissioner Chow reiterated that the Commissioners are interested in staff's comments on the cultural competency report, not just if the report was submitted on time. He asked if the agency met Outcome Objective #1. Ms. Packer noted that the contract started last August, so they do not have a full year of data. Even though DPH is instituting its own data system, the contractor has been collecting data using its own system and the contractor has stated that results are indicating that they are meeting the objectives. Commissioner Chow said the Commission would like to approve a one-year contract at this time, and hear the full report next time.

**(3.2) AIDS OFFICE-HIV Prevention Services** – Request for approval of a retroactive renewal contract with Institute for Community Health Outreach, in the amount of $178,080, which includes a 12% contingency, to provide HIV prevention services - Health Education and Risk Reduction services for youth, to behavioral risk populations in San Francisco, for the period of July 1, 2007 through June 30, 2009 (2 years).

Commissioners' Comments

- Commissioner Watson said that the demographic information appears to be for a different program. Deborah Oliver-Wilson from ICHO said the data is correct but the program title is wrong.

- Commissioner Chow asked how the partnership with the Native American AIDS Project came about. Ms. Oliver-Wilson said both programs needed support so they developed a team to conduct outreach. Commissioner Chow said that, for the same reasons that were stated for Item 3.1, the Budget Committee recommends approving a one-year contract.

**(3.3) AIDS OFFICE-HIV Prevention Services** – Request for approval of a retroactive renewal contract with UCSF Positive Health Program – Prevention With Positives in a Clinical Setting Program, in the amount of $238,864, which includes a 12% contingency, to provide HIV prevention services, for the period of July 1, 2007 through June 30, 2009 (2 years).

Commissioners' Comments

- Commissioner Sanchez asked what improvements could be made so that this program could obtain a performance rating of 4. Program staff from UCSF said she is involved in the clinic in a fuller capacity, and the program is being expanded. The hope is this will positively impact outcomes.

- Commissioner Chow said the Budget Committee is recommending a one-year contract.

**(3.8) BHS** – Request for approval of a renewal contract with Friendship House Association of American Indians, Inc., in the amount of $395,136 per year, for a total contract amount of $1,991,485, which includes a 12% contingency, to provide residential substance abuse treatment services targeting adult American Indians and homeless individuals, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

Commissioners' Comments

- Commissioner Sanchez congratulated Friendship House on its years of service to the community.

**(3.9) BHS** – Request for approval of a renewal contract with the San Francisco Mental Health Education Funds, Inc., in the amount of $273,690 per year, for a total contract amount of $1,379,398, which includes a 12% contingency, to provide outreach and Police Intervention Training services, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

**(3.10) BHS** – Request for approval of a renewal contract with Progress Foundation in the amount of $19,463,066, for a total contract amount of $21,798,633, which includes a 12% contingency to provide residential mental health services for the period of July 1, 2007 through December 31, 2008 (1.5 years).

Commissioners' Comments

- Commissioner Chow asked if this contract includes funding for the ADU. Mr. Banuelos from CBHS said it does. Commissioner Chow asked when the ADU is coming on line.

Progress Foundation staff said they are currently in the process of site acquisition and anticipate opening sometime between January and March 2008. Commissioner Chow wants to be sure that this contract includes startup funding for the new programs. Jim Harstad, Progress Foundation CFO, said it does include the start up funding. Commissioner Chow noted that this contract funds 116 supportive housing units, 76 transitional residential treatments beds and 54 proposed ADU beds.

**(3.11) BHS** – Request for approval of a contract renewal with Community Awareness and Treatment Services, Inc., in the amount of $6,035,303 per year for a total contract value of $16,828,857, which includes a 12% contingency, to provide substance abuse treatment services for the period of July 1, 2007 through December 31, 2009 (2.5 years).

**(3.12) BHS** – Request for approval of a renewal contract with San Francisco Bar Association, in the amount of $310,030 per year for a total contract value of $1,562,551, which includes a 12% contingency, to provide Supplemental Security Income assistance to homeless or at risk of homelessness, for the period July 1, 2007 through December 31, 2011 (4.5 years).

Commissioners' Comments

- Commissioner Sanchez commended DPH staff and agency staff for the concise listing of outcome objectives.

**(3.13) BHS** – Request for approval of a renewal contract with Calvin Y. Louie, CPA dba Louie & Pak, LLP, in the amount of $16,353,846, which includes a 12% contingency, to provide fiscal intermediary services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

Commissioners' Comments

- Commissioner Chow wants to ensure that there is adequate money in this contract to cover the costs for the next year. Kanwar Singh, CBHS, said the contract is adequate, and noted that only 1% of the contract amount goes to the contractor for his services.

- Commissioner Sanchez noted that a bridge was needed to get the contract through July and August, and staff has assured the committee that due diligence is being taken to prevent this from happening again.

**(3.14) BHS** – Request for approval of a contract renewal with Calvin Y. Louie, CPA dba Louie & Pak, LLP, in the amount of $7,189,423, which includes a 12% contingency, with an annual contract amount of $3,209,564, to provide fiscal intermediary services for the period of July 1, 2007, through June 30, 2009. (2 years)

Commissioners' Comments (at Health Commission Meeting)

- Commissioner Sanchez stated that the Budget Committee reiterated to staff and partner contractors the need to provide a uniform baseline of high quality data to the Commission. The packages that are presented will be better reviewed to ensure consistency and quality.

- Commissioner Illig said that if the contract is retroactive, the budget packet should state why the contract is retroactive and whether or not the contractor has been getting paid. He also wants to know if the 12% contingency was used for the contract.

- Commissioner Chow stated that Friendship House met its contract obligation at 44 percent.
- Commissioner Dodd said she wants complete Budget Committee packets that include accurate information before they come to the Health Commission for approval. Barbara Garcia said that the 80 percent of the contracts are in her division, and she and her staff will be undertaking a quality assurance review of contracts.

  Action Taken: The Commission approved the Budget Committee Consent Calendar.

## 4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report.

Board of Supervisors Hearing on Parcel A of Bayview-Hunters Point Development Site
On July 31st, the San Francisco Board of Supervisors considered a resolution asking the City to halt development on Parcel A of the Hunter's Point Shipyard until an independent assessment of residents' health has confirmed the absence of harm from current development activities. The resolution failed passage by a vote of 6 to 5. The hearing followed a similar one at the Board of Supervisors Land Use Committed on July 9th and involved vocal public comment from community residents and advocacy organization on both sides. At the hearing, the Department testified on our longstanding roles in the assessment of environmental hazards at the site, our regulation of dust exposure due to development activities, our evaluation of community health risks, and our outreach to Hunters Point residents. Members of the Board of Supervisors focused questions to the Director of Health and staff on regulatory protocols, environmental and human testing methods, and the history of compliance. Based on all available evidence, the Department believes that development at Parcel A is safe and that regulations in place have been effective in preventing significant long term health hazards for neighboring residents. As the Commission is aware, the CDC has confirmed that testing of individuals for exposure to asbestos is not possible or recommended. The CDC has agreed to independently review our assessment and conclusions and we hope to have their report shortly.

Golden Gate Park Issues
The *San Francisco Chronicle* has been running a series of stories about the homeless encampments in Golden Gate Park. The stories have prompted the City to make more focused efforts on connecting the homeless in the Park to shelter, housing and other services. The Department of Public Health has been directly involved in these outreach activities and, working with staff from other agencies, has been successful in getting a number of homeless people out of the Park and into safer and more appropriate environments. Four of the homeless residents even received bus tickets home to their state of origin.

The recent focus on the homeless in Golden Gate Park has also brought attention to the problem of used needles inappropriately discarded throughout the Park and in playgrounds. The Department is working with needle exchange contractors to increase the volume of syringes disposed through needle exchange programs and increase the rate of return. We are considering a number of changes that will result in safer needle disposal and will be meeting with stakeholders and other community based agencies to ensure that any changes to be made are manageable and have community buy in.

### Trauma Survey This Week at SFGH

The American College of Surgeons Committee on Trauma is conducting the Level 1 re-verification at San Francisco General Hospital this week. The surveyors arrived yesterday and are scheduled to be at the hospital through today. The purpose of this site visit is to verify that SFGH meets all the criteria established by the ACS Committee on Trauma, for Level 1 Trauma Centers.

### Public Hearing on New Regulations for Vector Control

The Bureau of Environmental Health held a public hearing on July 26 to present the new rules and regulations for the "Prevention and Control of Rodents and Other Vectors to Promote Housing Habitability in San Francisco." The new regulations consolidate and clarify existing public health nuisance codes, and spells out the responsibilities of the various stakeholders.

The hearing was well attended by pest control operators, members of Housing Collaboratives, tenant advocates and hotel and apartment owners and managers. Staff outlined the responsibilities of everyone involved in owning and living in a hotel or apartment building, how to prevent and control vector infestations and how to perform safe clean up operations. The Department recognizes that effective control of rodents and other vectors requires an integrated pest control method involving everyone who has in interest in their eradication.

### Two Long-Term Health Inspectors Retire

Two of the Department's highly experienced, long-term health inspectors, Ken Sato and Steve Low, have retired this summer, after having served the City and County of San Francisco Department of Public Health for nearly 36 years. Interestingly, both Ken and Steve began work on the same day and retired on the same day as well.

Ken Sato, Director of Food and Consumer Safety for Environmental Health, began as an Environmental Health Inspector in 1971. In more than 35 years of service, he worked in all aspects of environmental health, including development and implementation of the Cross Connection Control program, the Medicinal Cannabis Dispensary Program, the Monitoring Well and Plan Checking Programs, and the current food inspection and grading system.

Steve Low was hired under the Federal Veteran's Emergency Employment Act. For the next 35+ years, he worked, initially, as an Environmental Health Specialist, and was subsequently promoted to Senior Environmental Health Specialist. During his tenure, he has worked in virtually all areas of environmental health and was a vital member of the Department of Public Health's emergency response team.

We wish both Ken and Steve well in their retirement and thank them for their many fine years of service.

### Commissioners' Comments

- Commissioner Monfredini said she was at the July 31st Board of Supervisors hearing. It was a very challenging meeting. She was also at the trauma survey, which went very well. They would really like to see the helipad on board. Commissioner Monfredini asked who people should call when they see homeless people in need of help. Ms. Garcia said the HOT Team is the team to contact. The 311 agency also has that information.

- Commissioner Guy congratulated Mr. Low and Mr. Sato. She asked how the new vector control rules and regulations came about. Ms. Kronenberg will get this information.

Comm. Guy is glad that the Health Department is part of the effort to address the homeless in Golden Gate Park so that there can be a health perspective. She asked if there is data on the people who are living in the park. Ms. Kronenberg does not know if there is on profile of people in the park—they range from emancipated minors to a person who has lived in the park for 15 years. Commissioner Guy said the homeless population is aging with chronic illness and we need to tailor interventions, and she wants to make sure the Department is on the right track in terms of where the gaps are. Commissioner Guy wants this information to be brought to the Joint Conference Committee. Commissioner Guy said that Parcel A is the easiest parcel to deal with environmentally. There is something happening around toxicity in that community, and the Health Commission and Health Department must do something. Dust is not a good thing, whether it has lead in it or not. We have a responsibility to work with the community to reduce the impact of development. She thinks we can find people in a non-polarized way to work with in the community. We are in this for at least 30 years. It is not if we do development, but how we do development. Ms. Kronenberg said that the Health Department agrees that there are major health disparities in the Bayview. This was a very difficult process. They are trying to think about new ways they can work with the community to have a bigger Health Department presence. Commissioner Guy said the Health Department has some work to do to regain credibility and she wants the Health Commission to be involved in this. She and Commissioner Watson are very committed to working on this issue through the Population Health and Prevention Joint Conference Committee.

- Commissioner Monfredini noted that the Health Commission is not influenced by Lennar—no one in the Health Department is on the payroll. She said at least three commissioners are making independent visits to the site to check on the dust level. She agrees that some omissions were made at the early stages. This is a very polarizing issue in the community and it is difficult to get anything done in this environment. She knows the Commission is committed to the good of the whole.

- Commissioner Dodd suggested that the Health Department engage in a planning process with the Department of the Environment that sets some guidelines for how we approach development. Perhaps San Francisco could be one of the pilot programs for modeling biomonitoring. She visited the site four times and on those days they were doing a good job with dust control. An independent agency monitors the dust levels at the site. The Department demanded science and we got science and we should use the science. She thanked the Department of Health staff that has gone door to door to make themselves available for questions and concerns.

- Commissioner Watson added that he will be getting monthly dust monitoring reports, which he will distribute to Commissioners.

- Commissioner Chow said perhaps we could learn from the Parcel A situation. Commissioner Chow said the Health Department is a strong proponent of needle exchange. The situation in Golden Gate Park does not help advocate for this cause. There is no question that needles have to be disposed and collected effectively. But we do not want to discard an extremely important program. He would like an update at the next meeting. Ms. Kronenberg said that Tracey Packer, Interim Director of HIV Prevention Services, has written a comprehensive memo outlining next steps, such as getting more drop off sites, boxes, retractable needles and other things. She will report back at the next Health Commission meeting.

- Commissioner Dodd agrees with Commissioner Chow. But it is also important to add that since DPH implemented needle exchange, the HIV transmission rate amongst IDUs is 10%, which is lower than anywhere else in the country.

- Commissioner Illig would like the needle exchange issue addressed in the Housing and Homeless Report. Commissioner Illig asked if DPH checks whether people are in our system when they encounter a homeless person. Ms. Garcia said the Homeless Outreach Team developed that system and they use it to access numerous data sets.

- Commissioner Guy supports the Health Department working with the Department of the Environment. She asked when the report from the CDC would be available. Ms. Kronenberg said they hoping to have it within a month. Ms. Kronenberg added that Dr. Bhatia has been working closely with the Department of the Environment. Commissioner Guy reiterated that, when people polarized, there was more watering and less dust. So the message to the community is that polarization works. She was trying to get more watering since February. This is a true loss.

- Commissioner Watson asked what kind of reviews the CDC is going to undertake. Ms. Kronenberg said they will review all the material that has been developed by the different oversight agencies. They are not going to do new studies.

## 5) PRESENTATION OF NEW DPH WEBSITE

Anne Kronenberg, Deputy Director of Health, introduced the presentation of the new website. At the urging of Commissioner Monfredini and other commissioners, the Department decided to undertake a redesign of the DPH website. The website has grown exponentially in the last decade and has been managed by a very capable webmaster, Barry Siler. That being said, because of the size of the website and its rapid growth, it has become unmanageable and unwieldy to navigate. The Health Department hired Molly Duggan and Associates to assist with this process and has been working with the consultants, IT staff and stakeholders for the past six months. The consensus was that the website should project a cutting edge image, provide better content, improve DPH's relationships and enable intuitive experience. It will provide flexibility while ensuring consistency and coordination. They hope to launch the site by September 15, 2007. Ms. Duggan previewed the website for the Commission.

Commissioners' Comments

- Commissioner Watson asked how the new website would be launched. Ms. Kronenberg said there is no money for a big launch but there will be a soft kick off on September 15th. When they are comfortable with the product, they will do more publicity.

- Commissioner Illig said the most important thing for him is that it be a searchable website. Also, there should be a policy section so that people get a sense of what the Department's policy direction is. Finally, the website should include contract partners. He is very impressed with the product.

- Commissioner Chow agrees that the public should be able to easily access Health Department policies. He also suggested a consistent, official logo on the site so that people know right away that they are on the official DPH site. Commissioner Chow said the

Department sends out advisories to health providers via fax that are very useful and would be even more helpful if they were on the website.

- Commissioner Guy is thrilled with the new site. She supports the suggestion about highlighting the policy goals and the regulatory functions of the Department.

- Commissioner Dodd would like the website to include a list of all the employees that are honored each month. Commissioner Dodd asked if there will be an opportunity to have some of material in other languages. Donna Childers said it is expensive but is possible to do if funding were available. Commissioner Dodd suggested that the website at least have information, in different languages, to links or information about community resources that are language accessible. She also suggested adding a "Donate Now" button where appropriate. This is a very exciting project.

- Commissioner Watson thanked staff and the consultants for their hard work. He suggested adding a button for the legal rights of minors.

- Commissioner Sanchez said this is an exceptional effort. He supports his colleagues' comments, particularly the issue of language accessibility. Many times the third generation is the eyes and ears of the family and access computers on behalf of their families. If they could see their faces reflected in the services provided, it would do wonders in terms of dissemination. The website could be a fantastic tool to promote the wonderful DPH programs, volunteer opportunities, community collaborations, etc. He urged staff to pursue outside funding to promote our website.

- Commissioner Chow reiterated the importance of having links to resources that are in other languages.

- Commissioner Guy said maintenance of the system is another component and the Department needs to know what is required to keep the site maintained.

## 6) HEALTHY SAN FRANCISCO UPDATE

Tangerine Brigham, Director, Health Access Program, presented a program update that included a one-month assessment of the program's debut. As of August 3, 2007, 817 participants had enrolled in the program. The lessons learned from the debut include:

- There is significant demand
- Many participants are not accustomed to accessing care at a single clinic
- Debut's manual enrollment process is time consuming and they are looking forward to One-e-App being accessible in September
- Only 5 percent of applications are pended due to missing documents
- Program materials—translation needs improvement; some materials have government feel and look

Healthy San Francisco will be expanded beginning September 15, 2007 and will be phased in over an 18-24 month period. There will be continued focus on those with incomes at or below 100% FPL. The budget provides for an additional 7,000 primary care medical homes within the Department for FY 2007-08. FY 2007-08 projected incremental program costs are $23 million. Ms. Brigham described the key readiness components:

- The FY 2007-08 budget includes more than 90 additional FTEs for Healthy San Francisco

- DPH Clinic Readiness – the clinics are examining all the operational and clinical issues needed for expansion.
- Provider Network – SFHP has taken the lead in developing the provider network for HSF.
- Central Eligibility Unit – the build out of the Central Eligibility Unit will be completed in time for the September 2007 expansion.
- One-e-App – this is a key feature of HSF and will streamline the eligibility and enrollment process. DPH and partners have completed user acceptance testing of the system and are currently undergoing retesting of the system.
- San Francisco Health Plan
- Staff Communications/Presentations

Innovation in delivery system is a significant HSF concept. With support from and in conjunction with the California HealthCare Foundation, staff launched "Innovations Seminars. The Department's budget includes $1.5 million for two delivery system innovations in the area of chronic care—one at Family Health Center and one at General Medicine Clinic.

Evaluation

- The California HealthCare Foundation approved funding to retain an evaluation consultant.
- In designing an evaluation, the Department faces the following challenges: narrowing the evaluation to something that is feasible; choosing an evaluation methodology; coordinating the evaluation with State Health Care Coverage evaluation.
- Evaluation consultant responses are due by August 10, 2007. A consultant will be retained by September 2007.
- The Department looks to have continued discussions with CHCF and other funders to help support the actual evaluation of the program.

Ms. Brigham summarized the Lewin analysis. Lewin was retained to look at four areas: phased implementation strategy; demand and capacity analysis; revenue impact analysis; and impact of HSF fee schedule. Below is a summary of key recommendations.

| Area | Key Recommendations |
|---|---|
| Lewin Demand And Capacity Recommendations | • Phase-in HSF participants incrementally to prevent overwhelming the current system<br>• Phase-in participants with prioritization based on low-income population groups who are already accessing the DPH system to leverage HCCI funding<br>• Contract with external providers to broaden network to accommodate projected demand as HSF uptake increases<br>• Assess readiness of remaining DPH clinics and SFCCC clinics for HSF enrollment and service delivery for Phase III enrollment<br>• Monitor HSF enrollment at DPH clinic sites to assess uptake rates and capacity to absorb |
| Lewin Network Design Recommendations | • Ensure HSF participants have adequate means of transportation to access appropriate health care services<br>• Assess readiness of SFCCC clinics and include in network to leverage existing relationships with HSF eligibles and SFCCC Primary Care Physician (PCP) network<br>• Prepare contingency plan to accommodate demand for providers if program uptake is greater than anticipated |
| Lewin Enhancement To DPH Capacity Recommendations | • Maximize utilization of current provider and physical capacity, allowing for flexibility of extended hours at SFGHMC for primary and specialty access<br>• Evaluate clinic sites for increased capacity and ability to implement throughput enhancements |

| | |
|---|---|
| | • Use available physical capacity in COPC clinic sites to increase the number of exam rooms/providers<br>• Continue redesign initiatives to enhance throughput and productivity to take on the additional HSF members at COPC clinics only. Set target wait time levels and assess trade-offs between ability to absorb additional members and wait times |
| Lewin Timing Of HSF Rollout Recommendations | • Continue redesign initiatives with prioritization of resources dedicated to clinic sites with greatest anticipated uptake<br>• Pilot enrollment and delivery of services at one medical home for persons <100% FPL starting July 1, 2007<br>• Initiate Phase II enrollment and service delivery for HSF eligibles also eligible for HCCI funding at select clinics starting September 1, 2007 to ensure DPH has adequate capacity in the initial stages of implementation<br>• Initiate Phase III enrollment and service delivery for persons of all income levels at remaining DPH clinics and SFCCC clinics<br>• Initiate Phase IV enrollment and service delivery for contracted providers |
| Lewin Provider Staffing Cost Recommendations | • To maximize provider staff time, clinics should leverage non-physician support staff and continue to employ physician extenders (e.g. NPs, PAs) |
| Lewin Recommendations On The Impact of HSF Fee Schedule | • To incentive HSF participants to access primary care services, Lewin recommends a process for reviewing the impact of the HSF Fee Schedule on individual payment and participation. Preventive public health incentives will achieve stronger health outcomes.<br>• While pre-payment of HSF monthly fees in the form of “quarterly participant fees” for HSF participants above 100% FPL ensures a steady revenue stream for the HSF program, such pre-payment fees may be burdensome and obstruct access to needed care for the near-poor population. Lewin recommends revisiting the pre-payment requirements on a go-forward basis. |

Commissioners’ Comments

- Commissioner Dodd asked if the co-pay for people between 101% and 200% FPL is worth the churn rate that might happen as a result of the co-pay. 200% FPL is not a lot of money, and a quarterly $60 fee will lead to people dropping out. We want to incentivise people accessing services.

- Commissioner Illig is very disappointed in the timing of the analysis. The Health Commission made decisions on data that was very different than the data being presented today. If he would have known the impact of the fees on the near poor, he would have voted against the fees. He would also have appreciated this data during the preparation and approval of the HSF budget. Commissioner Illig asked why Lewin did not analyze all of CBHS. Ms. Brigham said that they do not have a model to for substance abuse. Commissioner Illig asked how many of the new positions are clinicians. Ms. Brigham said there are approximately 40 clinical FTEs.

- Commissioner Monfredini asked what holes were discovered in the first 30 days. Ms. Brigham said one of the holes is managing expectations and telling people HSF is not health insurance. Manual processes are difficult to transition into electronic systems, so converting to One-e-App will be a challenge.

- Commissioner Illig concern is that the presentations have focused on enrollment and the kick off, and he is hearing very little about what is happening at the clinic level, what is being done differently and how prevention is being incentivised. He wants a monthly report to the Community Health Network Joint Conference Committee, and the Commission needs to be involved in developing the evaluation. Ms. Brigham is committed to engaging the Health Commission in the evaluation process. DPH is spending a lot of time on the front end to create an effective evaluation tool.

- Commissioner Dodd asked if the Health Plan contract includes maintaining HEDIS data and access measures for HSF enrollees. Ms. Brigham said each medical home will provide data to SFHP. While HSF is not health insurance, SFHP will be using HEDIS-type data for quality assurance. The health plan will be doing a series of health education and promotion activities.

- Commissioner Illig wants to see measurable outcomes from the new positions and new funding, for example reduced wait times for specialty care. Ms. Brigham said that an additional $1.4 million was added to the budget to address specialty wait time. Ms. Brigham suggested developing a reporting template for a monthly report to the CHN JCC, which would be distributed to the entire Commission.

- Commissioner Guy said Healthy San Francisco provides and opportunity to emphasize prevention and chronic disease management and asked how are we taking advantage of this opportunity. Ms. Brigham said that the two chronic care redesigns are being instituted in the primary care setting. The notion is to better manage people in a primary care setting so that they do not always need to be referred to specialty care. Ms. Garcia said she has collected all the external prevention activities that are going on in the community to connect back with Healthy San Francisco. Commissioner Guy said the Lewin Group provided a lot of baseline data. Is Lewin going to be continuing with this? Ms. Brigham said the Lewin engagement is completed. Ms. Brigham said there are existing sources of data, for example SFHP, hospital data, etc. The notion is that all the data needs to be inventoried to determine what it can tell us in terms of demographics, outcomes, etc.

- Commissioner Chow said there are a number of standard measures, and the evaluation does not need to reinvent the wheel. Then there are access issues that need to be evaluated. The evaluation should look at whether health outcomes were improved as a result of bringing people into a medical home.

- Commissioner Dodd said the San Francisco Health Plan has a lot of quality measures. They have one of the most innovative and creative way to look at data. We will be able to measure in a year whether or not having health coverage improves health outcomes. She also acknowledged the brilliance of the partnership with the San Francisco Community Clinic Consortium.

- Commissioner Monfredini hears her colleagues' concern about the impact of the quarterly fee on the near-poor population, but at the same time does not want to negatively impact the fiscal side of the program. Ms. Brigham suggested that she bring a report back to the Health Commission after six months to determine the impact of the fee on the 101% to 200% FPL population.

- Commissioner Chow reiterated his comments from the last meeting—both the point of service fees and the quarterly fees will negatively impact access for people earning 101% to 200% FPL. If the fiscal impact of point of service fees is minimal, maybe we shouldn't even begin to charge the fees. He wants staff to evaluate the impact of a decision not to charge fees to this group of people. Ms. Brigham will do this evaluation, but reminded the Commission that they also approved almost the exact same point of service fees for the sliding fee scale. Ms. Kronenberg said staff will do more work on this issue and will bring information back to the Health Commission.

- Commissioner Guy said the fee schedule is something the Commission wants to reconsider, and Commissioners need to understand the consequences of any decision to change the fee schedule. Ms. Kronenberg said they could provide some of the information now, but it would be March 2008 before we could really evaluate the impact of the fees on this group.

- Commissioner Dodd is willing to wait until next March, but she would like client satisfaction survey questions to be able to ascertain why people are not re-enrolling.

- Commissioner Chow wants to understand how the HSF fee schedule compares with the sliding fee scale. We cannot get information on the churn issue until we have some experience. He wants some base information and a side-by-side comparison. Ms. Kronenberg reiterated that the Health Department is committed to the success of this program and if they determine, over the course of experience, that the fee schedule is impeding access and needs to be changed then they will change it.

- Commissioner Monfredini said it is so uplifting to be involved in this amazing initiative and thanked Ms. Brigham for leading everyone through this maze. The Commission appreciates every single thing she does.

Public Comment

Dick Hodges, San Francisco Community Clinic Consortium, said the Clinic Consortium has been working hard to prepare for the launch in September. Ms. Brigham and others have been very helpful getting people up to speed. NEMS has done a great job of enrolling. The Consortium's goal for 2007-2008 is 11,000 medical homes for uninsured.

## 7) COMMISSIONER REPORTS/ANNOUNCEMENTS

Commissioner Illig is attending the San Francisco Community Clinic Consortium luncheon on Friday, August 10th.

## 8) JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Illig said he and Commissioner Dodd met with Anne Kronenberg and her staff to talk about the Strategic Plan. They also met with Liz Gray and she agreed to report to the CHN JCC on a monthly basis on administrative days and the number of times the ADU staff says they will take somebody but are refused. Finally, the Health Department needs to have a policy about employees lobbying the Board of Supervisors, as DPH employees, for budget initiatives.

Commissioner Guy said that the Population Health and Prevention Joint Conference Committee will be dealing with the Strategic Plan and the Budget so that next year something will happen around funding for epidemiology. It is really clear that constituency-based funding works in the budget process, and the Health Department and Health Commission will help to build this constituency so that in the next budget year we don't have this disappointment.

Commissioner Watson stated that the PHP JCC is going to evaluate the impact of the addbacks. Commissioner Watson will also provide updates to the Commission about his activities around the Lennar development at Parcel A.

Commissioner Chow said the Laguna Honda Hospital Joint Conference Committee will be looking at how the Transition Unit impacts the rate of return of people who are discharged from Laguna Honda back into the community. Commissioner Chow attended a successful event at APA Family Support Services. Lastly, he appreciates that the Commission supported the disparity initiatives. Ms. Garcia has indicated that the Councils will continue.

Commissioner Dodd asked that Supervisor Maxwell's legislation regarding outside consultants reviewing hospital rebuild plans be scheduled before the Health Commission.

Commissioner Monfredini would like an update on St. Luke's at an upcoming meeting.

## 9) PUBLIC COMMENT

Jason Grant Garza read a letter from Commissioner Monfredini. He said there has been no investigation into his issues. What about the complaints that he has made about his experiences after 2001? The Health Commission is not fully addressing risk management. He said he never received a letter from Gene O'Connell. And he doesn't accept an apology without remuneration and damages. Commissioner Monfredini offered to meet with Mr. Garza.

## 10) OTHER BUSINESS

None.

## 11) ADJOURNMENT

The meeting was adjourned at 7:10 p.m.

Michele M. Seat

Michele M. Seaton
Executive Secretary to the Health Commission

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor
Department of Public Health

Lee Ann Monfredini
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David J. Sánchez, Jr., Ph.D.
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Commissioner

Catherine Dodd, R.N., Ph.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

James M. Illig
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# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, August 21, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

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*The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.*

*Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.*

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 7, 2007
**Minutes of the meeting of August 7, 2007*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

For Approval

*(3.1)* **CHP&P-Community Health Education Section** – Request for approval to retroactively accept and expend a grant from the California Department of Transportation (Caltrans), in the amount of $500,000, for the support of a two-year project to increase walking and biking to and from school in San Francisco, for the period of September 1, 2007 through August 31, 2009, as well as one contract with the San Francisco Study Center, for fiscal intermediary services, in the total amount of $135,541 for the same time period.
** Grant summary, Grant information form, Budget and Justification, Budget Narrative*

*(3.2)* **PHP-Community Behavioral Health Services** – Request for approval to retroactively accept and expend a grant increase in the amount of $287,177 from of the California Department of Alcohol and Drug Programs' Comprehensive Drug Court Implementation Grant, to implement a drug court in the San Francisco Dependency Court, for the period of July 1, 2007 through December 31, 2007.
** Grant summary, Grant information form*

*(3.3)* **Housing & Urban Health** – Request for approval of a retroactive contract renewal with Chinatown Community Development Center, in the amount of $61,192, which includes a 12% contingency, to provide subsidized rental housing units, for the period of July 1, 2007 through July 31, 2008 (13 months).
** Contract summary, Monitoring report summary*

*(3.4)* **Housing & Urban Health** – Request for approval of a retroactive contract renewal with Tenderloin Health (formerly Tenderloin AIDS Resource Center, "TARC"), in the amount of $566,548, which includes a 12% contingency, to provide transitional housing at the Kinney Hotel, targeting persons exiting the criminal justice system, for the period July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Monitoring report summary, Response, Client demographic information form*

*(3.5)* **CHN-Facilities** – Request for approval of a contract modification with Fong + Chan Architects, in the amount of $856,753, for a total contract amount of $1,435,778, which includes a 12% contingency, to provide facilities compliance services, for the period of September 1, 2006 through June 30, 2008 (1.83 years).
** Contract summary, Monitoring report summary*

*(3.6)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Golden Bear Associates, in the amount of $73,020 per year, for a total contract value of $204,456, which includes a 12% contingency, to provide technical assistance for the Department's Children, Youth, Family System of Care, for the period of July 1, 2007 through December 31, 2009 (2.5 years).
** Contract summary, Monitoring report summary*

*(3.7)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Episcopal Community Services, in the amount of $563,804 per year, for a total of $2,837,943, which includes a 12% contingency amount, to provide mental health and substance abuse services targeting homeless individuals, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summaries and Findings forms, Client demographic information forms*

*(3.8)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with San Francisco Study Center, Inc., in the amount of $854,085 per year, for a total of $2,768,509, which includes a 12% contingency, to provide fiscal sponsorship services for the Tobacco Free Project Community Capacity Building Training Center, for the period of July 1, 2007 through December 31, 2010 (3.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

For Discussion and Approval

*(3.9)* **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $1,790,712, which includes a 12% contingency, to provide Early Intervention Medical Services (EIP), Bridge Project and Positive Changes Project services, for the period of July 1, 2007 through June 30, 2010 (3years).
** Contract summary, Monitoring report summary, Client demographic information form*

*(3.10)* **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with UCSF AIDS Health Project, in the amount of $1,526,121, which includes a 12% contingency, to provide Outpatient Mental Health services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through February 28, 2010 (3 years).
** Contract summary, Monitoring report summaries, Client demographic information form*

*(3.11)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Richmond Area Multi-Services, Inc., in the amount of $2,784,490 per year, for a total contract amount of $7,796,572 which includes a 12% contingency, to provide mental health services, for the period of July 1, 2007 through December 31, 2009 (2.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

*(3.12)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Richmond Area Multi-Services, Inc., in the amount of $2,077,706 per year, for a total contract amount of $8,144,608, which includes a 12% contingency, to provide mental health services targeting children and adolescents, for the period of July 1, 2007 through December 31, 2010 (3.5 years)
** Contract summary, Monitoring report summary, Client demographic information forms*

*(3.13)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Bayview Hunter's Point Foundation for Community Improvement, Inc., in the amount of $6,023,597 per year, for a total contract value of $10,514,229, which includes a 12% contingency, to provide mental health and substance abuse services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Monitoring report summaries, Plan of Correction, Client demographic information forms*

*(3.14)* **Community Behavioral Health Services** – Request for approval of retroactive master renewal contracts with San Francisco Mental Health Plan providers, in the amount of $4,444,437 per year, for a total of $7,466,654, which includes a 12% contingency, to provide Managed Care Mental Health Services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

| **Contractor (all are non-profit)** | **Address** | **Type of Services** |
|---|---|---|
| Bay Area Children First | 999 Sutter Street<br>San Francisco, CA 94109 | **Group Provider**<br>Outpatient Mental Health Services |
| California Pacific Medical Center Sutter Health | 2323 Sacramento St<br>San Francisco, CA 94115 | **Group Provider**<br>Outpatient Mental Health Services |
| Clinical Training and Research Institute | 825 Van Ness Avenue<br>Suite 503 | **Group Provider**<br>Outpatient Mental Health Services |
| Jewish Family and Children's Services | 2534 Judah Street<br>San Francisco, CA 94122 | Organizational Provider<br>Outpatient Mental Health Services |
| UCSF Langley Porter Hospital and Clinics | 401 Parnassus, Box 0984<br>San Francisco, CA 94143 | Group Provider<br>Outpatient Mental Health Services |
| Physician Foundation at CPMC | 3801 Sacramento Street<br>Suite 112, San Francisco, CA 94118 | Group Provider<br>Outpatient Mental Health Services |
| Realizing Our Youth as Leaders, Inc. (ROYAL) | 2675 Folsom Street<br>San Francisco, CA 94110 | Group Provider<br>Outpatient Mental Health Services |
| San Francisco General Hospital Psychosocial Medicine | 1001 Potrero Ave 7M<br>San Francisco, CA 94110 | Interagency Agreement<br>Outpatient Mental Health Services |
| Survivors International | 703 Market Street, Suite 301<br>San Francisco, CA 94103 | Group Provider<br>Outpatient Mental Health Services |
| West Coast Children's Center | 545 Asbury Ave<br>El Cerrito, CA 94530 | Organizational Provider<br>Outpatient Mental Health Services |
| YWCA of Contra Costa County | 1320 Arnold Drive, Suite 170<br>Martinez, CA 94553 | Group Provider<br>Outpatient Mental Health Services |

** Contract summary, Monitoring report summaries, Corrective Action Plans*

*(3.15)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Family Service Agency of San Francisco, in the amount of $6,674,277 per year, for a total of $11,212,786, which includes 12% contingency, to provide mental health services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Monitoring report summaries, Plan of Correction, Client demographic information forms*

*(3.16)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $2,016,338 per year, for a total of

$3,387,448, which includes 12% contingency, to provide mental health/substance abuse services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Monitoring report summaries, Plans of Correction, Client demographic information forms*

*(3.17)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Baker Places, in the amount of $3,638,611 per year, for a total of $10,190,911, which includes a 12% contingency, to provide substance abuse services, for the period of July 1, 2007 through December 31, 2009 (2.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

**4) FOR DISCUSSION: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

**5) EMPLOYEE RECOGNITION FOR THE MONTH OF AUGUST**

**6) FOR DISCUSSION: FY 2006-2007 4TH QUARTER FINANCIAL REPORT**
(Gregg Sass, DPH Chief Financial Officer)
**Report*

**7) FOR DISCUSSION: MORTALITY AND MORBIDITY REPORT**
(Tomas Aragon, M.D., Deputy Health Officer)
**Report*

**8) PUBLIC COMMENT ****

**9) CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $25,000.00 MANDANA SIYADAT v. CITY AND COUNTY OF SAN FRANCISCO, SUPERIOR COURT CASE No. 461092**

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

10) OTHER BUSINESS***

11) COMMISSIONER REPORTS/ANNOUNCEMENTS

12) FOR DISCUSSION: JOINT CONFERENCE COMMITTEE REPORTS
(Reports by the Chairs of the Joint Conference Committees)

13) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

## Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

## Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

## San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

**Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Michele M. Seaton**
Executive Secretary

**TEL (415) 554-2666**
**FAX (415) 554-2665**

**Web Site: http://www.sfdph.org**

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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, August 21, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

## 1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:10 p.m.

| | |
|---|---|
| Present: | Edward A. Chow, M.D.<br>Catherine Dodd, R.N., Ph.D.<br>Roma P. Guy, M.S.W.<br>James M. Illig<br>Markus Watson, D.D.S. |
| Absent: | Lee Ann Monfredini, President<br>David J. Sanchez, Jr., Ph.D., Vice President |

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## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 7, 2007

Action Taken: The Commission (Chow, Dodd, Illig, Guy, Watson) approved the minutes of the August 7, 2007 Health Commission meeting.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Chow chaired and Commissioner Watson and Commissioner Dodd attended the Budget Committee meeting. The committee requested that Item 3.3 be moved to the discussion section of the agenda.

For Approval

*(3.1)* **CHP&P-Community Health Education Section** – Request for approval to retroactively accept and expend a grant from the California Department of Transportation (Caltrans), in the amount of $500,000, for the support of a two-year project to increase walking and biking to and from school in San Francisco, for the period of September 1, 2007 through August 31, 2009, as well as one contract with the San Francisco Study Center, for fiscal intermediary services, in the total amount of $135,541 for the same time period.

Secretary's Note – this item was continued to a future Health Commission meeting.

*(3.2)* **PHP-Community Behavioral Health Services** – Request for approval to retroactively accept and expend a grant increase in the amount of $287,177 from of the California Department of Alcohol and Drug Programs' Comprehensive Drug Court Implementation Grant, to implement a drug court in the San Francisco Dependency Court, for the period of July 1, 2007 through December 31, 2007.

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For Discussion and Approval

*(3.3)* **Housing & Urban Health** – Request for approval of a retroactive contract renewal with Chinatown Community Development Center, in the amount of $61,192, which includes a 12%

contingency, to provide subsidized rental housing units, for the period of July 1, 2007 through July 31, 2008 (13 months).

Commissioners' Comments

- Commissioner Watson asked if the agency was able to implement monitoring report recommendations. The agency has responded to the monitoring recommendations and is working on implementing the recommendations. The overall monitoring score was three. They expect that everything will be in place by August 31.

- Commissioner Dodd asked if this contract includes a TB testing component. Ms. Antonetty said DPH requires its contractors to have policies and procedures for TB screening, TB precautions, etc, and CCDC's policy was not quite where it needed to be. Commissioner Dodd said that this is a very important policy to have in place and require adherence to.

- Commissioner Chow asked for clarification of the role of the Board for property management, as opposed to the Board of CCDC. CCDC staff said the property management committee, which is listed in the contract documents, oversees all of the buildings. Ms. Antonetty provided the Committee with the list of CCDC boardmembers.

*(3.9)* **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $1,790,712, which includes a 12% contingency, to provide Early Intervention Medical Services (EIP), Bridge Project and Positive Changes Project services, for the period of July 1, 2007 through June 30, 2010 (3years).

Commissioners' Comments

- Commissioner Chow noted for the record that there is a typographical error in the contract summary. The Hep B vaccine is provided to people with a negative Hep B antibody test, not a positive antibody test.

*(3.10)* **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with UCSF AIDS Health Project, in the amount of $1,526,121, which includes a 12% contingency, to provide Outpatient Mental Health services to individuals who are affected by HIV/AIDS, for the period of March 1, 2007 through February 28, 2010 (3 years).

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Commissioners' Comments

- Commissioner Watson asked if treatment goals are tailored to each client. Sidney Lam, CBHS, said yes, each client has his own objective.

- Commissioner Chow noted that the contract includes increased FTEs, yet only a small increase in the contract amount. Is the agency absorbing the additional FTEs? Kavoos Bassiri, RAMS CEO, said the funding increase is for cost of doing business. He added that RAMS has always overproduced in units of service provided as compared to the contracted units. Mr. Bassiri said that on Thursday, August 16th RAMS received one of the two President's Awards given by the Asian American Psychological Association at its 2007 Annual Convention. The award honors RAMS' dedication and service to the communities.

*(3.12)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Richmond Area Multi-Services, Inc., in the amount of $2,077,706 per year, for a total contract amount of $8,144,608, which includes a 12% contingency, to provide mental health services targeting children and adolescents, for the period of July 1, 2007 through December 31, 2010 (3.5 years)

Commissioners' Comments

- Commissioner Chow said when the Commission held its meeting in the Richmond, the school wellness program had been closed because of resistance by the school. Has this issue been overcome? He hopes this is the case because the community had raised concerns about the lack of services. Ms. Chan-Sew said the school has embraced the program. Ms. Chan-Sew noted that four additional schools will have wellness centers next year, and now practically all schools have wellness centers.

- Commissioner Dodd said that earlier this year a couple of high school students came to the Health Commission and expressed concern that not all students are aware of services offered at the wellness center and asked if contraception and sexually transmitted diseases services are part of the wellness program. Ms. Chan-Sew said these services are provided.

- Commissioner Watson asked if the team offers students information about student rights and student confidentiality. Ms. Chan-Sew said yes, the team does, but also the centers hire youth workers, who are a link to getting this information to other students.

*(3.13)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Bayview Hunter's Point Foundation for Community Improvement, Inc., in the amount of $6,023,597 per year, for a total contract value of $10,514,229, which includes a 12% contingency, to provide mental health and substance abuse services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

Commissioners' Comments

- Commissioner Watson asked about if the ratings for the jail detox program reflect the 3-month start up. Jacob Moody, BVPHF Executive Director, said yes.

- Commissioner Dodd asked how they are intending to increase the number of units of service for the jail detox program. Mr. Moody said this program is fully staffed now, and has a complete client load, so they are on track to meet all of these objectives.

- Commissioner Chow asked why the agency was unable to meet the client satisfaction survey requirements. Mr. Moody said they did a complete remodel of the youth services building, which coincided with the time when the client satisfaction survey was administered. This disruption impacted the ability to get the required return rate. They expect to be able to address this next year. Chow congratulated the agency for doing such a good job over the past 18 months.

*(3.14)* **Community Behavioral Health Services** – Request for approval of retroactive master renewal contracts with San Francisco Mental Health Plan providers, in the amount of $4,444,437 per year, for a total of $7,466,654, which includes a 12% contingency, to provide Managed Care Mental Health Services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

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Secretary's Note – This contract was continued to a future Health Commission meeting.

*(3.15)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Family Service Agency of San Francisco, in the amount of $6,674,277 per year, for a total of $11,212,786, which includes 12% contingency, to provide mental health services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

Commissioners' Comments

- Commissioner Chow said it appears FSA disagrees with some of the findings in the monitoring report. Mr. Lam said this relates to the Geriatric Outpatient Program, which received a score of 1.5 for program performance. Carole McKindley-Alvarez from FSA said they disagree with some of the findings that led to the low score because documents were actually completed. FSA has implemented policies and procedures to address the other areas that contributed to the low score.

- Commissioner Dodd said the contract documents indicate that FSA has a total of 1600 clients. Is this correct? Robert Bennett, executive director of FSA, said yes, and added that they have every imaginable type of client. Some programs have low caseloads, whereas in the geriatric program, the average caseworker has 60 clients. In general, their clients are the neediest clients who are not institutionalized.

- Commissioner Chow asked why the case management rate varies within the agency. Mr. Bennett said some programs have more senior staff who are more highly paid, and this is reflected in the rate. Mr. Batonbacal said that this is also a function of historical rate negotiations. There is nothing hard and fast that requires that unit rates be the same. RAMS at one point took leadership in saying that rates should be the same for all providers, and this is something DPH could look at. Ultimately the capacity to produce units depends on the number of agency staff.

- Commissioner Dodd congratulated staff and the contractor for including additional outcome objectives. Mr. Bennett said the agency has adopted the recovery model and part of this is to look at the clients' outcome objectives and hold themselves accountable for outcomes.

*(3.16)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $2,016,338 per year, for a total of $3,387,448, which includes 12% contingency, to provide mental health/substance abuse services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

Commissioners' Comments

- Commissioner Dodd is presuming that the child care numbers are not in the demographics. German Walteros from IFR said these clients are not included.

- Commissioner Watson asked when the plan of correction for client satisfaction surveys would be implemented. Ingrid Zimmerman from IFR said it was already implemented in the November survey that went to the State and in the May survey. This will be reflected in the next monitoring report.

*(3.17)* **Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Baker Places, in the amount of $3,638,611 per year, for a total of $10,190,911, which includes a 12% contingency, to provide substance abuse services, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

Action Taken: The Commission (Chow, Dodd, Illig, Guy, Watson) approved the Budget Committee Consent Calendar, with the exception of Items 3.1 and 3.14, which were continued to a future Health Commission meeting.

## 4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Health Director, presented the Director's Report.

Parcel A Notice of Violation

On Monday August 20th, the Department of Public Health sent a notice of violation to Lennar Corporation for a dust control violation that occurred on Friday August 17th. The violation was that dust crossed the perimeter of the area due to insufficient watering. Fortunately, the perimeter where the dust crossed was near the Navy land, not near residential or school properties. The notice of violation requires a 48-hour stoppage in order for Lennar to institute additional controls to prevent dust violations. This was the first dust violation in the last six months and we hope it will be the last one.

Dr. Chow Chosen as Ethnic Physician Leader of the Year

Dr. Katz reported that that Dr. Edward Chow has been chosen to receive the California Medical Association Foundation's *Ethnic Physician Leader of the Year* Award. Dr. Chow was nominated by the San Francisco Medical Society. In making their nomination, the Medical Society noted that Dr. Chow was "universally known among many communities as an expert, ethical, persistent and wise advocate for human health and well-being, with particular focus on underserved communities." I am sure all of you join me in congratulating Dr. Chow for this well deserved honor. He will receive the award at the Network of Ethnic Physician Organization's Annual Summit Dinner on September 15 at the Radisson Hotel in Sacramento.

Healthy San Francisco Participants Top 1000

Mayor Gavin Newsom made a brief appearance at Chinatown Public Health Center on August 14th to announce that Healthy San Francisco enrollment has exceeded 1000 participants. It is very gratifying to achieve this landmark in mid-August as we had not anticipated reaching 1000 enrollees until well beyond the first two debut months. The Mayor and Dr. Katz were joined by Linda Bien, Executive Director of Northeast Medical Services; Dr. Albert Yu, Medical Director of Chinatown Public Health Center; and Tangerine Brigham, Director of Health Access Program. We were also privileged to have three new Healthy San Francisco participants who spoke to the reporters about their reasons for signing up and how important the new program is to their health and well being. The next phase of the program implementation will begin on September 17th and include 14 health centers from the Department of Public Health and eight health centers affiliated with the San Francisco Community Clinic Consortium. We will continue to target the City's most vulnerable residents who have incomes at or below 100% of the Federal Poverty Level. Healthy San Francisco will be phased in over an 18-24 month period.

Laguna Honda Hospital Community Meeting for Assisted Living Feasibility Study

Laguna Honda Hospital's assisted living project team issued a draft feasibility study on August 2. The study reports construction costs ranging from $148 to $207 million for the five options studied. It recommends a number of possible cost-cutting steps, which the team is now exploring.

Fifty community members met at the hospital library on August 15 to ask questions and to offer comments on the report. The meeting included residents, staff, neighbors, union representatives, and community health advocates. It produced constructive and beneficial feedback reflecting a diverse array of opinions.

The central topics of discussion that emerged at the meeting included the cost projections, the number of residents the facility would serve, the city's decision-making process, and whether a licensed or unlicensed facility is the more appropriate model of care.

The project team will convene a second meeting in the DPH auditorium on August 27 at 2 pm. The deadline for public comment is September 4. A final report is due out by the end of September. It will reflect consideration of cost-cutting options and input from the community meetings

The study is posted on the DPH and hospital websites. Hard copies were distributed by mail or hand delivery to community members who have been following the process. The report is also on file at the main library and the West Portal branch. I am distributing a copy to each of the Commissioners.

San Francisco General Hospital Public Scoping Meeting Scheduled

The San Francisco Planning Department will conduct a Public Scoping Meeting on the San Francisco General Hospital New Construction. The purpose of the meeting is to assist the Planning Department in defining the scope and content of the environmental impact analysis and information to be contained in the Environmental Impact Review (EIR) for the project. Attendees may provide oral testimony. Based on the number of people who wish to speak, a time limit on testimony may be applied. Written comments will be accepted at the meeting and until the end of the review period, close of business (5:00 pm) on September 10, 2007. The meeting will be held on Tuesday, August 28, 2007 at 6:00 pm in San Francisco General Hospital, Carr Auditorium (Building 3 located at the corner of Vermont Street and 22nd Street). Pat Siefers, at the Planning Department, 575-9045, can answer questions about this meeting.

3-1-1 Taking Calls for Vital Records

Effective last week, 311 now answers call by the public for vital records information. Calls from the public to Vital Records at 554-2700 are now automatically transferred to 311. Customers within San Francisco can call 311 directly and those outside of the City can access Customer Service by calling 415-701-231.

The operators at 311 can view our vital records order system to determine the status of the order. If the order is not complete due to unusual procedural issues they place a call to a phone number here at Grove St. and we will expedite a solution to complete the order.

New HIV+ Dental Service

The San Francisco Department of Public Health and Tenderloin Health—a community agency which serves HIV clients—are working collaboratively to provide new HIV+ dental services with the help of a SPNS (Special Project of National Significance) federal grant. This new service will begin next week at Tom Waddell Health Center Dental Clinic and the following week at Tenderloin Health, located at 255 Golden Gate Avenue.

Clients will be offered a variety of appointment types including drop-in's and by appointment. In an effort to capture as many clients as possible, screenings will also be available by drop in for HIV clients during all medical HIV clinic times.

This new dental service for HIV+ individuals is part of a Boston University-based research project serving 15 different locations throughout the country and Virgin Islands. The primary focus is looking at the specific "intervention" each site uses to bring clients into care to improve both oral health and general health outcomes.

### Healthier Living Workshop

Health educators from Tom Waddell Health Center and SFGH Quality Management Education and Training Center are beginning a free six-week "Healthier Living Workshop" next month at San Francisco General Hospital. This chronic disease self-management workshop is designed to help patients with any ongoing conditions such as diabetes, arthritis, hepatitis C, HIV, and high blood pressure, to manage their health in ways that will bring positive results to their physical and emotional well-being. Topics include coping with pain, relaxation techniques, medication tips, fitness and exercise, tips for eating well and managing stress, fatigue and frustration. The organizers welcome patient referrals from all healthcare providers throughout the Department. For more information or enrollment, contact Jane Lev, 355-7414.

### Adult Immunization and Travel Clinic (AITC)

The AITC has become the leading provider of travel vaccine services in San Francisco. For the 2006-07 fiscal year, AITC logged 7,200 client visits for pre-travel health consultation, vaccination, and anti-malarial prescription services. In addition, there were 5,100 visits to the clinic for general (non-travel) adult immunization services, plus 3,500 visits specifically for flu shots. Another 3,300 flu shots were administered on-location at businesses and organizations all over the city. The AITC increased business by 21% over the previous fiscal year, resulting in $1.5 million in revenue.

During 2006-07, the clinic initiated blood testing services to determine hepatitis B infection status and immunity to vaccine-preventable diseases, incorporated new vaccines against shingles and HPV into its general adult vaccination programs, reconfigured the clinic to accommodate five full-time injection stations, standardized its reception and customer service operations, increased outreach to the community, and expanded its capabilities to operate flu shot clinics at 101 Grove and to provide flu shots on-location at San Francisco businesses and organizations.

With all this growth, we continue to get positive feedback from clients while providing a high level of service and clinical care. We can look forward to more program improvements and additional offerings in 2007-08. The AITC website www.sfdph.org/aitc is updated regularly to highlight services, fees, and program enhancements.

### New HIV Prevention & Research Director

Dr. Katz announced that Grant Colfax, MD, has been named as the new Director of HIV Prevention and Research. Dr. Colfax has spent the past 10 years working in the HIV prevention field, including prevention research, outcome evaluation, healthcare delivery and public policy. He is a graduate of Harvard Medical School and completed his residency in Internal Medicine at University of California, San Francisco. He will begin his role as director on Sept. 4. Dr. Katz especially wants to acknowledge and thank Tracey Packer for doing a great job serving as Interim Prevention Director for the past two years.

### Pride Parade Award Winner

Finally, Dr. Katz is pleased to report that the Department of Public Health was judged as the Most Fabulous Marching Contingent in this year's Pride Parade. The STD Division accepted the award on behalf of the Department at the Pride Parade Awards celebration last week at the LGBT Center. Many thanks to all of those who marched in the Pride Parade.

### Community Health Network – San Francisco General Hospital, Credentials Report, August 2007

| | 08/07 | 08/07 to 07/08 |
|---|---|---|

| | | |
|---|---|---|
| New Appointments | 25 | 71 |
| Reinstatements | 0 | 0 |
| | | |
| Reappointments | 49 | 82 |
| Delinquencies: | 0 | 0 |
| Reappointment Denials: | 0 | 0 |
| | | |
| Resigned/Retired: | 24 | 15 |
| Disciplinary Actions | 0 | 0 |
| | | |
| Restriction/Limitation-Privileges | 0 | 0 |
| | | |
| Deceased | 1 | 1 |
| | | |
| Changes in Privileges | | |
| Additions | 5 | 8 |
| Voluntary Relinquishments | 4 | 9 |
| Proctorship Completed | 8 | 8 |
| Proctorship Extension | 0 | 0 |
| | | |
| Current Statistics – as of 08/1/07 | | |
| | | |
| Active Staff | 512 | |
| | | |
| Courtesy Staff | 576 | |
| | | |
| Affiliate Professionals (non-physicians) | 208 | |
| | | |
| TOTAL MEMBERS | 1,296 | |

| | | |
|---|---|---|
| Applications In Process | 51 | |
| Applications Withdrawn Month of August 2007 | 0 | 0 (08/07 to 07/08) |
| SFGH Reappointments in Process Sept 2007 to Dec 2007 | 199 | |

Commissioners' Comments

- Commissioner Chow thanked the Medical Society and CMA Foundation for its recognition but it is only because of his colleagues that he is able to do this work. Healthy San Francisco has gathered enormous interest and is an enormously important initiative that we are all proud to be a part of.

- Commissioner Guy said Commissioner Chow has been a role model for her to understand issues around ethnic health and she appreciates the honor he has received. The fact that we have wellness centers in schools is because many people worked on this issue and got through many challenges and she wants to honor the efforts. She appreciates RAMS' response to the concerns raised at the Richmond Community Health Commission meeting about lack of youth services in the Richmond. We are going through the storm right now around health issues in the Bayview. This is not an easy period and we have to keep our eye on the prize that environmental health is a part of health. She congratulated staff of Healthy San Francisco.

- Commissioner Watson congratulated Commissioner Chow. He also acknowledged Tenderloin Health and DPH for the new dental services.

- Commissioner Dodd echoes the remarks of Commissioner Watson and Commissioner Guy with regard Commissioner Chow. She remembers when he was teaching people 20 years ago about ethnic health. She asked if the assisted living community meetings were advertised and well publicized to the community. Similarly, how have we advertised the SFGH public scoping meeting and do the supervisors know about the meeting? Dr. Katz said that Laguna Honda has a very extensive list of all neighborhood associations due to the strong community outreach effort since pre-1999. Mr. Kanaley said it was publicized in the West Portal Monthly and added that the paper has granted him a monthly column. Notice was sent to all the neighborhood associations and network of individuals who are interested in the rebuild. Ms. O'Connell said the Planning Department prepares the documents that are distributed to the neighbors. In addition it is published in the newspapers and was noticed in the Business Times. All the notices were translated and posted around the hospital and in the clinics. The Department went beyond the Planning Department's routine efforts.

- Commissioner Illig feels privileged to serve on the Commission with Commissioner Chow. He asked how the Department was notified that there was a dust problem on Parcel A. Dr. Katz said part of the Department's monitoring includes people who are onsite looking at the site.

Public Comment

Jacob Moody appreciates the wellness centers. Since 1996, the Health Commission has supported and funded Balboa Teen Clinic. While wellness centers are very good they are no substitute for comprehensive school health centers, particularly in high schools. We need to advocate State and Federal government to provide funding for comprehensive, integrated school-based health centers. He appreciates the ability of people who monitor the dust at Parcel A. There is a lot of work going on in the neighborhood, and a lot of projects create dust, including the project at the old Coke building. It would be helpful if dust monitoring could occur at other sites.

## 5) EMPLOYEE RECOGNITION FOR THE MONTH OF AUGUST

Commissioner Watson presented the August employee recognition awards.

| **Team Award** | **Division** | **Nominated By** |
|---|---|---|
| Universal Home Visiting Team<br>▪ Nelda Malilay, PHN<br>▪ Yan Oi Wong, PHN<br>▪ Veronica Valenzuela, CHW<br>▪ Jane Evans, Nurse Manager<br>▪ Philip Ziring, M.D. | Maternal Child Adolescent Health | Jane Evans |

| Team Award | Division | Nominated By |
|---|---|---|
| Environmental Services<br>▪ John Hay<br>▪ Jose Zaragoza | SFGH | Lann Wilder |

| Individual Award | Division | Nominated By |
|---|---|---|
| Andrea Crowley, R.N. | SFGH Psychiatry 7B | Regina Glass |

## 6) FY 2006-2007 4TH QUARTER FINANCIAL REPORT

Gregg Sass, DPH Chief Financial Officer, presented the 4th Quarter Financial Report. These projections are based on revenue collected and billed, and expenses incurred for the twelve months of the fiscal year. DPH is projecting a $6.455 million surplus. Virtually all of this is coming from Laguna Honda Hospital. In addition it looked like LHH would significantly overspend in personnel costs. As the year closed out LHH did better than expected on expenditure control. John Kanaley and Mivic Hirose worked very hard to keep spending in line. The Mayor's Office has agreed to transfer $1.2 million of the surplus into MOU reserves and also agreed to pick up a large portion of workorder increase with the Sheriff. For Jail Health, they realistically project that expenses will be greater than the work order in the coming year. He will present additional data and analysis on this at a future Health Commission meeting.

### Public Comment

Ed Warshauer, SEIU, informed the Health Commission that SEIU is working behind the scenes to advocate for a program called S-Chip. They presume this program would have an impact on the revenue side and want to work with the Department on this advocacy to help the financing of public health in San Francisco.

### Commissioners' Comments

- Commissioner Guy asked if the variances in Public Health are one-time in nature and due to reclassification issues. A variance this large seems out of the ordinary for Public Health. Mr. Sass said it is largely classification issues and they have been addressed in this year's budget.

- Commissioner Dodd asked the implications of the State budget not being adopted to the Health Department. Also, the new CMS regulations that were promulgated last week will decrease reimbursements to hospitals if there are nosocomial infections, falls, etc. Have we taken a position on this? Mr. Sass said the Health Department and advocacy organizations comment on proposed changes. The budget delay primarily impacts the City Treasury, not specifically the Health Department.

- Commissioner Illig asked what the Mayor's Office had estimated/budgeted the DPH surplus to be. Mr. Sass said the 3rd Quarter report projected a little more than $1 million surplus, and the Mayor's Office was aware of the potential overspending issues at Laguna Honda Hospital. Dr. Katz added that the Health Department's projections are taken in the context of all other departments. There is not a correlation between how much departments return to the general fund and how much general fund they receive for the following year. Commissioner Illig said it is too bad that we were not able to have some of our structural issues funded when we ended the year with a surplus. Mr. Sass added that the Health Department does receive a benefit from providing surpluses and under spending. Commissioner Illig confirmed that this report does not include the grants. Mr. Sass said grant revenues and expenditures are not part of the general fund or enterprise fund accounting, and are accounted for in a separate system. Commissioner Illig would like the Commission to get a presentation on the grants budget.

- Commissioner Chow asked Mr. Kanaley what he did to bring his personnel costs under control. Mr. Kanaley said the majority was revenue that was collected that exceeded budgeted revenue. In addition, LHH received a revenue supplemental to cover the over expenditures. Mr. Sass added that Tom Radenburg worked very closely with Valerie Inouye to utilize a labor tracking model to look at how every unit was being staff and compare this with the daily census to determine what staff was needed. In addition, one of the units was closed for a period of time and patients were transferred. This helped minimize the variance. Mr. Kanaley said it helped that Laguna Honda passed its survey at the first visit. In addition, the nursing staff carefully evaluated how many coaches and sitters were used throughout the house. Commissioner Chow asked if the current budget includes the sobering center. Mr. Sass said the budget includes full funding for the sobering center.

## 7) MORTALITY AND MORBIDITY REPORT

Tomas Aragon, M.D., Deputy Health Officer, presented a report titled “Calculating Expected Years of Life Lost to Rank the Leading Causes of Premature Death in San Francisco.” This work directly connects to the Department’s mission to assess and research the health of the community. The purpose of this study is to rank the leading causes of premature death in San Francisco using Years of Life Lost (YLLs), to provide the methodological details so that analyses can be automated and replicated by other local health jurisdictions and to monitor over time the changing mortality burden of disease and injury.

African American men continue to experience the highest number of years of life lost in San Francisco. The 15 leading causes of premature death for men are: ischemic heart diseases; HIV/AIDS; lung, bronchus and trachea cancers; cerebrovascular disease; hypertensive heart disease; self-inflicted injuries, all mechanisms; drug overdose, unintentional; violence/assault, all mechanisms; chronic obstructive pulmonary disease; alcohol use disorders; liver cancer; lower respiratory infections; diabetes mellitus; cirrhosis of the liver; colon and rectum cancers. For almost every single condition, African American males have much higher rates.

The leading causes of premature death among women are ischemic heart diseases; cerebrovascular disease; lung, bronchus and trachea cancers; breast cancer; hypertensive heart disease; chronic obstructive pulmonary disease; lower respiratory infections; Alzheimer and other dementias; colon and rectum cancers; diabetes mellitus; pancreas cancer; self-inflicted injuries, all mechanisms; lymphomas and multiple myeloma; drug overdose, unintentional; HIV/AIDS.

Implications and Next Steps

- ➢ We provide the methodological details for calculating YLL for any geographic area that has death registry data
- ➢ We demonstrate how these results can be used to rank the leading cause of premature death for different population groups

- ➢ Link the leading causes of premature deaths to underlying causes based on population attributable fractions
- ➢ These analyses will be repeated to monitor changes

Commissioners' Comments

- Commissioner Guy said it is very exciting that Dr. Aragon presented this report today. This work was cut out of the budget and it is very important that this work be started again to help us determine health priorities. Despite the fact that the Health Department did not get the requested epidemiologist in this year's budget, you can be sure there will be advocates for this next year. As commissioners, this needs to be put on our radar screen. This kind of work will help the Commission and the Department as it evaluates the Strategic Plan. She and Commissioner Watson are going to help keep this on the Health Commission agenda. Analyzing the burden of disease helps determine and evaluate interventions.

- Commissioner Watson thanked Dr. Aragon for the comprehensive report. The data will help focus efforts. You can see that the burden of disease has not changed much over the last 10 years. This report should be included in the package of materials that are sent to the Board of Supervisors to demonstrate the need for this type of epidemiological work.

- Commissioner Dodd is struck by the fact that there is only one place where we see alcohol use disorders, yet the Department spends so much money on alcohol and substance abuse treatment. If the DPH prevention budget were to reflect our priorities, we would single the high ranking causes of death out and say this is where we need to spend our money. What would happen if we did case management for people with heart disease or at risk for heart disease to the extent that we provide case management for mental health clients who are also at risk. Dr. Aragon noted that his data is for all of San Francisco, not just DPH clients.

- Commissioner Chow said that the report that covered 1990-1995 was very thorough and included a lot of different analyses. This report focuses on one measure. Dr. Aragon said as data comes in, they would like to do other areas, for example neighborhood mortality data. Commissioner Chow asked when this type of reporting could be expected. Dr. Aragon said that it could be done quite quickly if there were staff. Since he is the only person working on this, it will take longer. Commissioner Chow said ideally it would be helpful to be able to compare this report with the 1995 report, but clearly this is a matter of resources being allocated for this effort. He asked if it would be possible to disaggregate the Asian population. Dr. Aragon said that it can be done, but again, will take some time. Commissioner Chow noted that the Asian population in aggregate consistently looks better than other populations but when you disaggregate it becomes clear that certain Asian populations are not doing better. It would be great if the three disparity working groups to look at this data.

## 8) PUBLIC COMMENT

CW Johnson, Mental Health Association, said the Health Department should consider a health care outreach program to SROs to provide general medical care. In the last five years, 25 people have died in SROs, mostly for reasons such as being too tired to go out and get heart medication. Some people are mentally and physically disabled and cannot get out. This is a population that gets overlooked. Commissioner Chow asked Dr. Katz if SROs get support from the Health Department. Dr. Katz said they do, but the level varies. The ones that are run by DPH's Housing and Urban Health that house DPH clients get the highest level of service. Other SROs get very minimal services. Commissioner Chow said that Healthy San Francisco will help this population. Commissioner Dodd said we should ask SROs to post a sign providing information about who to call if someone needs care. Dr. Katz will ask the urban health group their thoughts about the most effective way to communicate services at SROs that are not part of the DPH system. Commissioner Illig pointed out that there are many providers that go to SROs and have ways of reporting people who are not doing well. This needs to be coordinated better, and the Commission can talk about this when it hears the Housing and Homeless Report. Commissioner Watson said it would be important to get this information to people living in the SROs.

## 9) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Watson) voted to hold a closed session. They went into closed session at 5:15 p.m.

Present in closed session were Commissioner Chow, Commissioner Dodd, Commissioner Guy, Commissioner Illig, Commissioner Watson, Stephanie Gleason, Deputy City Attorney, Gene O'Connell, San Francisco General Hospital Medical Center Executive Administrator, Elizabeth Jacobi, Director of Human Resources, Mitchell H. Katz, M.D., Health Director and Michele Seaton, Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Watson) approved the settlement in the amount of $25,000.00 Mandana Siyadat v. City and County of San Francisco, Superior Court Case No. 461092

D) Reconvene in Open Session

The Commission reconvened in open session at 5:30 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Watson) voted not to disclose discussions held in closed session except for the approval of the settlement.

## 10) OTHER BUSINESS

Commissioner Dodd reminded Dr. Katz that the Commission requested an update on Supervisor Maxwell's legislation requiring DPH review of hospitals' institutional master plans.

Commissioner Illig said the CHN JCC did not meet in July, but will meet next week at which it will hear updates on the Centers of Excellence, the work of the HIV Planning Work Group and a preview of the housing and homeless report. The SFGH General JCC will be looking at wait times for specialty care and use baseline data to evaluate success. They also heard about the recertifiation survey of the trauma program, and how important it is to the certifiers that SFGH has a helipad.

Commissioner Chow and Commissioner Guy were at the Cultural Competency Committee and heard the report on how cultural competency is going to be moved forward within the department. They are looking for a report that notes three points of improvement, rather than a new report every time. Commissioner Illig and there is a lot of positive feedback toward integrating the cultural competency report into the contract.

Commissioner Chow said the Laguna Honda Hospital Joint Conference Committee is continuing its monitoring of the Laguna Honda Hospital Replacement Project, and the project is currently approximately four months behind schedule. He also is working with Ms. Gray to better understand the TCM program.

Commissioner Dodd noted that the Health Department information is listed inaccurately in the Senior Resource Directory. Commissioner Illig said that seniors do not really use this resource, and it primarily emphasizes private geriatric care providers.

Dr. Katz announced that he just received a message that the State budget impasse has been resolved.

## 11) COMMISSIONER REPORTS/ANNOUNCEMENTS

## 12) JOINT CONFERENCE COMMITTEE REPORTS

(Reports by the Chairs of the Joint Conference Committees)

## 13) ADJOURNMENT

The meeting was adjourned at 5:30 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**Mitchell H. Katz, M.D.**
Director of Health

**Michele M. Seaton**
Executive Secretary

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**Web Site:** http://www.sfdph.org

# AGENDA

## SPECIAL HEALTH COMMISSION MEETING

**Tuesday, September 18, 2007**
**At**
**3:00 p.m.**
**MISSION CREEK SENIOR COMMUNITY***
**225 BERRY STREET**
**San Francisco, CA 94158**

DOCUMENTS DEPT
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**PLEASE NOTE THE CHANGE IN LOCATION FOR THIS MEETING.**

***The Budget Committee of the Commission will consider the consent calendar on this agenda at 1:30 p.m. at 101 Grove*. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.**

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

**1) CALL TO ORDER**

**2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 21, 2007**

**Minutes of the meeting of August 21, 2007*

## 3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

For Approval

*(3.1)* **PHP-Community Health Programs/CHP&P** – Request for approval to accept and expend a grant from the California Office of Traffic Safety, in the amount of $387,557, for the support of a project to improve child passenger safety in San Francisco, for the period of January 1, 2008 through September 30, 2009, and contracts with the San Francisco Study Center for fiscal intermediary services in the total amount of $78,750 for the same time period and O'Rorke PR, Inc. for media services in the total amount of $80,000 for the same time period.
** Request memo, Grant information form, Budget pages*

*(3.2)* **PHP-Environmental Health** – Request for approval to retroactively accept and expend a grant from the California Department of Food and Agriculture, in the amount of $191,664, in support of the Pierce's Disease Control Program, for period of July 1, 2007 through June 30, 2010.
** Request memo, Grant information form*

*(3.3)* **BHS** – Request for approval of a retroactive contract renewal with San Francisco Suicide Prevention, in the amount of $469,277 per year, for a total contract amount of $2,365,156, which includes a 12% contingency, to provide counseling, prevention and case management services targeting high risk clients, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summaries, Client demographic information form*

*(3.4)* **BHS** – Request for approval of a retroactive contract renewal with National Council on Alcoholism and Other Drug Addictions - Bay Area, in the amount of $238,198 per year, for a total contract amount of $1,200,518, which includes a 12% contingency, to provide information, education and referral services related to alcohol and other drug use/abuse populations, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

*(3.5)* **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Native American AIDS Project, in the amount of $474,387, which includes a 12% contingency, to provide HIV/AIDS case management and peer advocacy services, for the period of July 1, 2007 through June 30, 2011 (4 years).
** Contract summary, Monitoring report summary, Client demographic information form*

*(3.6)* **PHP-STD Prevention & Control** – Request for approval of a retroactive new contract with the San Francisco AIDS Foundation-Stonewall/Magnet Project, in the amount of $401,895, which includes a 12% contingency, to provide STD & Syphilis testing and treatment services to gay men and other men who have sex with men, for the period of July 1, 2007 through December 31, 2009 (2.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

For Discussion and Approval

*(3.7)* **BHS** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $6,379,876 per year, for a total contract amount of $10,573,718, which includes a 12% contingency, to provide mental health services, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).
** Contract summary, Monitoring report summaries, Plans of Correction, Client demographic information forms*

*(3.8)* **BHS** – Request for approval of retroactive contract renewal with the Caduceus Outreach Services, in the amount of $439,011 per year, for a total contract amount of $737,539, which includes a 12% contingency, to provide intensive case management, psychiatric treatment services targeting homeless adults, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).
** Contract summary, Monitoring report summary, Client demographic information form*

*(3.9)* **AIDS Office-HIV Prevention and Research** – Request for approval of a retroactive new contract with Asian and Pacific Islander Wellness Center, in the amount of $168,000, which includes a 12% contingency, to provide HIV prevention, mental health and substance abuse treatment services – TRANS:THRIVE Program for the transgender population in San Francisco, for the period of July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Monitoring report summary, Vendor response, Client demographic information form*

**4) FOR DISCUSSION: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

**5) EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF SEPTEMBER**
**List of Awardees*

**6) FOR DISCUSSION: HOUSING AND HOMELESS REPORT**
(Barbara Garcia, Deputy Director of Health, Marc Trotz, Director, Housing and Urban Health)
**Report*

**7) FOR DISCUSSION: PROJECT HOMELESS CONNECT PRESENTATION**
(Judith Klain, Project Homeless Connect Director)
**Presentation*

**8) PUBLIC COMMENT** **

**9) OTHER BUSINESS*****

**10) COMMISSIONER REPORTS/ANNOUNCEMENTS**

**11) FOR DISCUSSION: JOINT CONFERENCE COMMITTEE REPORTS**
(Reports by the Chairs of the Joint Conference Committees)

**12) ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

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**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**
**Department of Public Health**

**Mitchell H. Katz, M.D.**
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# MINUTES

## SPECIAL HEALTH COMMISSION MEETING

**Tuesday, September 18, 2007**
**At**
**3:00 p.m.**
**MISSION CREEK SENIOR COMMUNITY**
**225 BERRY STREET**
**San Francisco, CA 94158**

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## 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:20 p.m.

| | |
|---|---|
| Present: | Lee Ann Monfredini, President |
| | David J. Sanchez, Jr., Ph.D., Vice President |
| | Edward A. Chow, M.D. |
| | Catherine Dodd, R.N., Ph.D. |
| | Roma P. Guy, M.S.W. |
| | James M. Illig |
| | Markus Watson, D.D.S. |

Commissioner Monfredini thanked Mission Creek Community Service for allowing the Health Commission to hold this meeting here. It is a lovely site and they are very hospitable.

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 21, 2007

Action Taken: The Commission approved the minutes of the August 21, 2007 Health Commission meeting.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Watson and Commissioner Chow attended the Budget Committee meeting.

For Approval

*(3.1)* **PHP-Community Health Programs/CHP&P** – Request for approval to accept and expend a grant from the California Office of Traffic Safety, in the amount of $387,557, for the support of a project to improve child passenger safety in San Francisco, for the period of January 1, 2008 through September 30, 2009, and contracts with the San Francisco Study Center for fiscal intermediary services in the total amount of $78,750 for the same time period and O'Rorke PR, Inc. for media services in the total amount of $80,000 for the same time period.

*(3.2)* **PHP-Environmental Health** – Request for approval to retroactively accept and expend a grant from the California Department of Food and Agriculture, in the amount of $191,664, in support of the Pierce's Disease Control Program, for period of July 1, 2007 through June 30, 2010.

*(3.3)* **BHS** – Request for approval of a retroactive contract renewal with San Francisco Suicide Prevention, in the amount of $469,277 per year, for a total contract amount of $2,365,156, which includes a 12% contingency, to provide counseling, prevention and case management services targeting high risk clients, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

*(3.4)* **BHS** – Request for approval of a retroactive contract renewal with National Council on Alcoholism and Other Drug Addictions - Bay Area, in the amount of $238,198 per year, for a total contract amount of $1,200,518, which includes a 12% contingency, to provide information, education and referral services related to alcohol and other drug use/abuse populations, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

*(3.5)* **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Native American AIDS Project, in the amount of $474,387, which includes a 12% contingency, to provide HIV/AIDS case management and peer advocacy services, for the period of July 1, 2007 through June 30, 2011 (4 years).

*(3.6)* **PHP-STD Prevention & Control** – Request for approval of a retroactive new contract with the San Francisco AIDS Foundation-Stonewall/Magnet Project, in the amount of $401,895, which includes a 12% contingency, to provide STD & Syphilis testing and treatment services to gay men and other men who have sex with men, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

For Discussion and Approval

*(3.7)* **BHS** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $6,379,876 per year, for a total contract amount of $10,573,718, which includes a 12% contingency, to provide mental health services, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

Commissioners' Comments

- Commissioner Sanchez asked if the number of unduplicated clients is the same as the number of units. Ms. Stevenson said it is a function of how units of service are defined. For example, a program might have sixteen residential units and a 16-day treatment unit, so total unit is 32, but the number of clients is 16.

- Commissioner Watson asked about the low score for medication monitoring. Mr. Banuelos said the medication management function goes on even in the absence of a nurse practitioner. Baker has had trouble in the last two years recruiting an NP, primarily because of the inordinate amount of paperwork that is required. They are in the process of negotiating to get permission to reallocate these funds to hire a part-time psychologist to visit the clients in the same setting but who is not required to fill out the paperwork. In the event that this does not address the issue, they are now also recruiting for the NP position.

- Commissioner Sanchez noted that there are nine boardmembers, substantially less than the 15 that the bylaws allow for. Mr. Vernick said the Baker board shares his concern, and hope that this will change in the next year.

Comments at the Health Commission Meeting

- Commissioner Monfredini said that the contract with Baker is for a large amount of money, and it is critical that the issues in the last contract year be addressed.

- Commissioner Guy is concerned that we are proceeding around the medication management piece and it appears that Baker wants to eliminate this modality. Ms. Garcia said Baker has made this request and they are still in negotiations. Stephen Banuelos said they are not looking at getting rid of the service, but rather how to bill for it. One thing they are looking at is having the service provided, but having it billed as part of the overall service, rather than separately. At this point they are needing to have people go out into the community to get these services, and this year this became a significant problem. They should have an agreement in the next month. Commissioner Guy requested that Mr. Banuelos report to the CHN JCC about how this has been resolved.

- Commissioner Illig said in the old days, there was one unit rate per house. He is concerned about what Baker said in their response letter—that this causes them to have an operating deficit. Ms. Garcia said that during negotiations they increased Baker's nursing capability and gave them other dollars. Commissioner Illig is bothered that Caduceus did not do an audit but billed us for an audit. Ernestina Carillo said Caduceus will submit an audit by December 31st. The agency was deficient in this area.

- Commissioner Dodd serves on several boards, and many non-profits face the issues around audits. Auditors can cost a lot of money. Are their resources that non-profits can share? Ms. Garcia will look at this.

*(3.8)* BHS – Request for approval of retroactive contract renewal with the Caduceus Outreach Services, in the amount of $439,011 per year, for a total contract amount of $737,539, which includes a 12% contingency, to provide intensive case management, psychiatric treatment services targeting homeless adults, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

Commissioners' Comments

- Commissioner Sanchez asked if Caduceus in on track to meet all monitoring report requirements. Mr. Batonbacal said with the increased contract amount, CBHS is holding Caduceus to a higher level of accountability. Caduceus has submitted all documents that were required. Commissioner Sanchez noted that there are only five people on the board. Teresa Gee, CFO, said that the bylaws allow for 15 board members, but those bylaws were developed 11 years ago. At its next meeting the Board will discuss Board restructuring.

- Commissioner Watson asked if the agency has met DPH's cultural competency requirement. Mr. Batonbacal said the agency was out of compliance with cultural competency last year, but not out of compliance this year. They attended the DPH training on preparing cultural competency reports, and CBHS staff will be working with the agency to develop cultural competency objectives for the coming year.

*(3.9)* **AIDS Office-HIV Prevention and Research** – Request for approval of a retroactive new contract with Asian and Pacific Islander Wellness Center, in the amount of $168,000, which includes a 12% contingency, to provide HIV prevention, mental health and substance abuse treatment services – TRANS:THRIVE Program for the transgender population in San Francisco, for the period of July 1, 2007 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Watson asked how close they are to hiring and training staff. Carlos Bermudez from API Wellness Center said that are completing interviews this week, and are on target to bring people on board by the end of the month. Melenie Eleneke anded on the activities that have been done during the bridge period and developing TRANS: THRIVE, including a retreat to facilitate stakeholder input and signing MOUs with partner agencies. Commissioner Watson asked what the training will consist of. Ms. Eleneke said they will be using UCSF training tools and the health educator and case manager will be responsible for this once they come on board. Ms. Packer added that that CBHS, Community Programs and the AIDS Office worked very collaboratively to make this work.

- Commissioner Sanchez asked if Dr. Michael Reyes is still on the Board. Mr. Bermudez said yes, he is.

  Action Taken: The Commission approved the Budget Committee Consent Calendar.

## 4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., presented his Director's Report.

Healthy San Francisco

Healthy San Francisco has been making the news both locally and nationally. Last Friday, the New York Times front page featured Healthy San Francisco and included interviews with new members, Mayor Newsom, Tangerine Brigham and Dr. Katz. The reporter gave an excellent overview and history of the program and the article spurred a great deal of interest throughout the country.

Yesterday was the first day of the second phase of making Healthy San Francisco available throughout the City. We went from a debut at two Health Centers to a full roll out with 22 Health

Centers at 27 sites. The first day of operations went smoothly without major operational hurdles being reported from the project team. This reflects the excellent preparation and planning that preceded yesterday's implementation.

This morning, the Mayor and Supervisor Ammiano held a press conference at Maxine Hall Health Center to update the public on the progress of Healthy San Francisco. Also in attendance were Catherine James, MD, Director of Maxine Hall, John Gressman, Executive Director of the San Francisco Community Clinic Consortium, Tangerine Brigham and Dr. Katz. The Mayor announced that as of yesterday, (including the two month debut period) 1850 people have been enrolled into Healthy San Francisco.

In addition to the expansion, the other features launched yesterday were: One-E-App, DPH Eligibility & Enrollment Unit, Healthy San Francisco Customer Service Center and an expanded website. Dr. Katz thanked everyone involved in this tremendous effort.

Newcomers Health Program Collaborative Awarded Grant Funding for Let's Be Healthy! Project
The Newcomers Health Program of Community Health Promotion and Prevention, in collaboration with our community-based partner and lead agency, Bay Area Community Resources, received a $15,000 grant from Kaiser Permanente's Local Community Benefit Grant for the Let's Be Healthy! Project. This grant from Kaiser is being matched by Robert Wood Johnson Foundation's (RWJF) Local Initiative Funding Partners—the primary funder for a total of $30,000. Let's Be Healthy! Project's goal is to prevent chronic health conditions through education, activities and leadership development for the Russian-speaking newcomer community, and providing culturally and linguistically appropriate chronic disease self-management sessions for those with chronic diseases.

The funding from Kaiser will focus on the Chronic Care Management Component of the project which is implemented in close collaboration with Family Health Center and Ocean Park Health Center. Over the course of the one year grant, we will implement two series of chronic disease self-management sessions at these health centers, and coordinate two to three healthy living group workshops in Russian.

Evaluation reports from the first two years of the Let's Be Healthy! Projects are available at http://www.dph.sf.ca.us/CHPP/newcomers/newreports.shtml. For more information or referrals to any components of the project, please contact Patricia Erwin, Program Manager of Newcomers Health Program at (415) 364-7651, or by email at patricia.erwin@sfdph.org.

San Francisco General Hospital Medical Center Earns Baby Friendly Hospital Certificate
After many years of hard work and a commitment to providing support, education and encouragement for new mothers to breastfeed their babies, San Francisco General Hospital Medical Center has earned the designation of "Baby Friendly Hospital" by the World Health Organization and UNICEF. Earning a "Baby Friendly Hospital" designation is a highly prestigious award and requires that a hospital establish and maintain intense and rigorous standards to support any woman who wants to breastfeed her baby. San Francisco General Hospital is the first hospital in San Francisco to receive this impressive achievement. A celebration has been planned for Thursday, September 20, 9:30am – 11:30 am, at SFGH Medical Center, 7/F, 7M Courtyard. The program will begin at 10 a.m.

Sanctuary City Ordinance and Training

The Sanctuary City Ordinance ensures that the City's immigrant population can access public services, regardless of immigration status. Mayor Newsom has requested that key City Departments conduct training and education to ensure that each Department's rules, regulations and protocols adhere to the Sanctuary City rules as designated by Chapter 12H of the City Administrative Code. We will be posting the Sanctuary City documents on line and directing all staff review the ordinance and training. Some staff will receive more specific training related to DPH protocols.

Immigrants Rights Summit

On Saturday, September 15th, the Immigration Rights Commission and the Mayor's Office held an all day Immigration Summit. The Summit provided an opportunity for the San Francisco Immigrant community to hear from Immigration leaders and City Officials, about the impact of Immigration legislation and the importance of Sanctuary Cities. Staff from DPH participated on panels at this event.

Feeling Good Project Promotes National Fruits & Vegetables Month

September is National Fruits & Vegetables Month and staff from the Feeling Good Project, the Network for a Healthy California-Chinese Project and the San Francisco Department of Public Health WIC Program will be spending Wednesday morning at the Civic Center Farmers' Market reminding everyone to eat at least five servings of fruits and vegetables. They will be giving out cookbooks, answering nutrition questions and distributing gifts to the farmers.

Goats Return to Laguna Honda Hospital

A popular annual tradition on the 62-acre hospital campus began last week when 600 South African Boer goats began grazing on the hillsides adjacent to the hospital. This is the third year that the goats have helped the city to clear undergrowth on the heavily wooded hospital site. The goats will be at Laguna Honda for the remainder for the month. The goats are a popular attraction with the neighbors and the residents.

Community Health Network, San Francisco General Hospital, Credentials Report

| | 09/07 | 09/07 to 07/08 |
|---|---|---|
| New Appointments | 23 | 96 |
| Reinstatements | 0 | 0 |
| Reappointments | 51 | 131 |
| Delinquencies: | 0 | 0 |
| Reappointment Denials: | 0 | 0 |
| Resigned/Retired: | 21 | 39 |
| Disciplinary Actions | 0 | 0 |
| Restriction/Limitation-Privileges | 0 | 0 |
| Deceased | 1 | 1 |
| Changes in Privileges | | |
| Additions | 7 | 13 |
| Voluntary Relinquishments | 4 | 13 |

|  |  |  |
|---|---|---|
| Proctorship Completed | 4 | 16 |
| Proctorship Extension | 0 | 0 |

| Current Statistics – as of 09/1/07 |  |  |
|---|---|---|
| Active Staff | 513 |  |
| Courtesy Staff | 576 |  |
| Affiliate Professionals (non-physicians) | 208 |  |
| TOTAL MEMBERS | 1,297 |  |
| Applications In Process | 44 |  |
| Applications Withdrawn Month of September 2007 | 0 | 0 (09/07 to 07/08) |
| SFGH Reappointments in Process Oct. 2007 to Jan. 2008 | 213 |  |

Commissioners' Comments

- Commissioner Sanchez and Commissioner Dodd will attend the Baby Friendly Hospital Certificate Reception.
- Commissioner Dodd said the attention on Healthy San Francisco is not coming just from the press. Robert Wood Johnson Foundation is watching San Francisco very closely. San Francisco probably could consult on this initiative.

## 5) EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF SEPTEMBER

Commissioner Dodd presented the employee recognition awards for the month of September.

| **Team Award** | **Division** | **Nominated By** |
|---|---|---|
| Medical Respite Implementation Team<br>▪ Carol Baillie, R.N.<br>▪ Michelle Schneiderman, M.D.<br>▪ Wolfgang Stuwe<br>▪ Margot Kushel, M.D. | Housing and Urban Health | Marc Trotz and Barbara Garcia |

| **Individual Award** | **Division** | **Nominated By** |
|---|---|---|
| Rajesh Parekh, M.D.<br>Director, Homeless Outreach Team | Community Programs | Barbara Garcia |

| **Individual Award** | **Division** | **Nominated By** |
|---|---|---|
| Judith Klain<br>Director, Project Homeless Connect | Community Programs | Barbara Garcia |

## 6) HOUSING AND HOMELESS REPORT

Barbara Garcia, Director, Community Programs and Marc Trotz, Director, Housing and Urban Health, presented the Housing and Homeless Report. They both acknowledged Lori Cook for preparing the report. The report has five sections: Housing as Health Care; Primary Care and Health Services; Integrated Support Services; Other Important Initiatives; and Recommendations.

Mr. Trotz said Housing and Urban Health provides permanent supportive housing, transitional housing and stabilization housing. Direct Access to Housing is what they call permanent supportive housing. Mr. Trotz highlighted some of the DAH programs, including the DAH Program for Chronic Alcoholics and Parkview Terrace and Central YMCA, both new developments that will come on line in the next two years. Transitional Housing projects include the STEPS program. DPH has 301 units of DPH-brokered housing for stabilization housing.

Ms. Garcia described primary care and health services for this population. For FY 05/06, Tom Waddell Health Center treated more than 3,100 patients and performed 19,200 urgent care visits. The clinic received grant money for primary care redesign, was awarded a Special Project of National Significance status to provide HIV/AIDS patients with dental care, opened a new podiatry clinic and opened an addiction medicine clinic. Tom Waddell will draft standard of care guidelines for shelters to improve client/staff health. The goal of medical respite services is to provide 60 beds of short-term housing and medically oriented services to medically frail homeless persons exiting the hospital system. There is a 12-bed sobering component. All facilities operate 24/7. Primary Care services also include the Housing and Urban Health Clinic (which will move into the Central YWCA building when that development is complete) and TB control. Integrated services include outreach, engagement and linkage through Project Homeless Connect, SF Homeless Outreach Team, the Homeless Outreach and Medical Evaluation Team and drop-in services. Extensive case management includes McMillan Intensive Case Management Team, ED Case Management Program, High User Case Management Program, AB 2034 Mobile Support and Treatment Program and Proposition 63 Full Service Partnerships. Other important initiatives include the Homeless Families Services Redesign, Shelter Monitoring Committee, Reauthorization of Ryan White/CARE, Placement Task Force and ED Action Plans.

Recommendation #1 - Expand community-based housing options
Health Commission Action Steps:

- Utilize community connections to foster acceptance and understanding of need for increased housing options;
- Help secure funding for 2,500 additional permanent supportive housing units

Recommendation #2 – Continue to integrate services
Health Commission Action Steps:

- Support full integration of AIDS Office into Community Programs
- Back continued integration of behavioral health services into Primary Care
- Continue to foster leadership and vision throughout DPH

Recommendation #3 – Enhance primary care services for homeless people
Health Commission Action Steps:

- Support primary care sites to accommodate homeless person's health needs in an integrated fashion
- Continue to support Primary Care's Quality Improvement Program

Recommendation #4 – Improve discharge placement
Health Commission Action Steps:

- Set policy ensuring that all patients receive thorough clinical and psychosocial assessments
- Continue to provide leadership and support DPH as it further develops data and tracking systems
- Develop policy that helps streamline and expand intensive case management functions to ensure continuity of patient care post-discharge

Recommendation #5 – Develop and implement key legislation

- Support DPH in the development/timely submission of a San Francisco-specific waiver under AB 2968 to facilitate Medi-Cal billing in supportive Housing
- Ensure San Francisco actively engages in the AB2745 planning process
- Continue to pursue earmarks related to housing and services for persons living with HIV/AIDS
- Help DPH identify health care best practices and advocate for related legislative change at the appropriate level of government.

Secretary's Note – Commission discussion took place after the Project Homeless Connect presentation.

## 7) PROJECT HOMELESS CONNECT PRESENTATION

Judith Klain, Project Homeless Connect Director, provided the Commission with an overview of Project Homeless Connect (PHC). She introduced Mike Farrah, special assistant to Mayor Newsom. Mr. Farrah spoke on behalf of the Mayor in support of PHC. It is a transformative experience and a priority for the Mayor.

Ms. Klain said PHC began three years ago and has grown into a bi-monthly event where more than 2,000 people experiencing homelessness receive help from a collaboration of more than 1,000 community volunteers, 250 government and non-profit providers and 300 corporate sponsors. Since October 2004:

- Close to 2,1000 people have received services
- 15,000 have volunteered
- 3,991 received medical care
- 4,583 screened for benefits
- 2,524 screened for employment opportunities
- 2,374 received legal assistance
- 96 received dental treatment ( a new service that started in June 2007)
- 1,347 received behavioral health services
- 3,186 received eye glasses
- 152,260 pounds of grocery were distributed
- 1,997 off the streets now permanently houses.

Kendra Stutsen said she was living on the street for months. She was brought to PHC in December 2004. She is now permanently housed and is a volunteer for PHC. She had never been told that services were available. She felt safer sleeping on the street than in the shelter system. She was housed that day.

Ms. Klain said PHC has resulted in unexpected benefits:

- **Unique benefit and value.** PHC provides an opportunity for service providers to work together every other month, share best practices and initiate projects that improve the system;
- **Expand Service Capacity.** For example Lenscrafter give out 250 free eyeglasses at each event;
- **Volunteerism and Community Change.** PHC ignited a community movement;
- **Best Practice.** What we are doing here is working.

Ms. Klain said the Health Department is the backbone of PHC. The program is at a crossroads right now. The program needs the Health Commission's and others support to sufficiently fund the staff and infrastructure for this program.

Henry Belton is a formerly homeless. He is currently at peer counselor at SFGH. He recently received the Presidential Service Award for his work with PHC. He was connected three years ago and today he has permanent housing. It is about change. PHC provides the resources, and people need to make the decision to change.

Public Comment

Don Bardole, retired physician and volunteer medical director with PHC, said clearly these are complex issues with no single solution, but PHC is one of the tools. The community clearly needs to be involved. Many doctors have changed their opinions of homelessness as a result of volunteering.

Casey Cohen, Jewish Community Relations Council, said it was a truly rewarding experience to volunteer at PHC.

James Daggs, United Council of Human Service, said PHC is an amazing experience. The best thing is that people actually receive services, not just information about services.

Gwendolyn Westbrook, Executive Director, United Council of Human Service, said after she volunteered at a PHC event, she urged PHC to come to the Bayview. It did and they served 600 people that day. Do not stop the program.

Sonjay Hyams volunteers because she believes it makes a difference. PHC gives hope. The dignity that all participants encounter translates to hope, which translates to change.

Michelle Kletter, BAART Programs, said PHC success is measured in two ways—connecting clients to services and retaining them in services. At every event, 80-120 people are referred to methadone treatment. Collaboration with the Homeless Advocacy Project allows them to retain clients.

Joyce Kurtz said she has volunteered almost since the beginning. She works with the Story Project, which photographs and interviews people at PHC. PHC is truly earthmoving.

Brent Turner said it is very gratifying to go out and bring people to the event. He urged continued support for the program.

Dr. Peter Berman, South of Market Health Center, said PHC's goal is to connect chronic homeless to needed services, and from his perspective, primary care is a critical service. 18 clinics are involved in PHC, with 90 primary care slots available at every PHC even. There is a 95-100 percent show rate of PHC referrals at some of the health centers.

Jean Ramirez has volunteered at PHC for two years. PHC offers numerous services and there are always giveaways. Some of the most unique services are feet washing, veterinary care, free phone calls and free voice mail.

J.C. Orton works in Berkeley Health and Human Services and he wanted to see how San Francisco did this. Now Oakland has gotten together with Berkeley and has had two or three PHCs. Berkeley had a Youth Connect. So PHC's effects go beyond San Francisco's borders.

Sasha Cutler, R.N., took UCSF students to volunteer at PHC and they were all blown away and proud to be there. He is a public health nurse and he is unaware of the total scope of services that exist. So it is very difficult for people to know how to get services either for themselves or others.

Hene Kelly, Jewish Community Relations Council, said 18 is an extremely important number to a Jew. She worked at the 18th PHC with the Jewish Community, and she will work at future PHCs. Please make sure there is a 19th PHC, a 20th PHC and many others. At PHC, every single volunteer looks people in the eye. Lives are saved; lives are changed.

Rajesh Parekh, M.D., said the PHC infrastructure will be very important in the event of a natural disaster. It was very helpful in creating a functional Katrina shelter. Further, volunteering at PHC was a transformative day for his niece, and she has now decided to pursue a health career.

Commissioners' Comments

- Commissioner Guy reinforced Dr. Katz's point that the emphasis is on housing the homeless. The Health Commission supported the framework of housing as a health issue when people did not understand this paradigm. For the past seven to eight years, staff leadership has made the different. There are other aspects that the Health Commission should emphasis, including that Laguna Honda Hospital and DPH Health at Home are important parts of the housing continuum. It takes a long time for people to understand what health is and today's testimony shows that meaningful lives create health. She supports the next steps and we need to look at how we go about getting the housing units. PHC is at a crossroads. The Mayor led this initiative and galvanized people around it, and it has been a success. Three years in we need to look at how to move it forward. She looks forward to getting the details. She asked if Healthy San Francisco will have the potential to enroll and find a medical home for the homeless and near homeless. Dr. Katz said absolutely.
- Commissioner Illig is very impressed with DPH's approach tom homelessness and housing. The focus on outcomes should serve as a model. He has volunteered at three PHCs and everyone makes an effort to connect one-on-one. This is a remarkable place to engage the San Francisco community. He asked where the people who go into our housing units come from. Mr. Trotz said DPH manages access into the Direct Access to Housing program so they are able to focus access to particular programs and clients. For example residents in Mission Creek Senior Community come from Laguna Honda Hospital, seniors in homeless shelters and homeless seniors on the street. Commissioner Illig asked if the PHC database is connected with DPH databases. Ms. Klain said they ask only 10 questions at PHC. They dump this data into the Coordinated Case Management System so

they can track long-term outcomes. Ms. Garcia added that they are in the process of developing a Homeless Management Information System.

- Commissioner Dodd thanked the people who came to testify. Their testimony is a tribute to public health. PHC is a remarkable connection and the work is a tribute to the social determinants of health. This work, and the how-to's that make it happen, need to be published so that it is easier to replicate. She asked staff to consider a similar model for families in the Bayview and Visitation Valley who have experienced violence and are a gunshot away from homelessness. So her two goals around PHC are to expand it and to publish it.
- Commissioner Chow said he is struck by how many things are in place that reflect San Francisco's belief in social justice. San Francisco is a training ground for people who want to work on behalf of others. People around the country are amazed and envious. San Francisco knows that it is not just a medical model that leads to healthy lives and a healthy community. He suggested vetting all five recommendations from the Housing and Homeless report prior to the budget process He also asked staff to look at lessons learned from PHC and the potential to use PHC as a model for other communities of need beyond the homeless.
- Commissioner Watson echoed the Commission's appreciation and the emphasis on how important dental services are. He will be there on December 5th to volunteer. He asked if Ms. Klain involved students in PHC. Ms. Klain said she has connected with many high school and college students. Some are offered credit for volunteering.
- Commissioner Sanchez said this is what San Francisco is all about. He had for comments that demonstrate where we come from and where we are: 1) 1917-18 his grandparents died in the flu epidemic. 2) Growing up he lived in this neighborhood, where kids were taught to treat everyone with respect and look people in the eye. In the early 1980s the late David Rogers wanted San Francisco to be the city dealing with initial causes of homelessness. City leaders said no. 4) Look where we are today. The public testimony was awesome. The Health Commission will make sure this does not fade away.
- Commissioner Monfredini thanked Ms. Garcia and Mr. Trotz for making this report happen. She has been pushing for the report and the community meeting for a while, but it was well worth the wait. She has a saying—look for your balcony people. These are people who raise you up. She is also fond of Albert Einstein's quote that in order to succeed, you have to believe you live in a kind universe. Two things she knows today: she is surrounded by balcony people and we live in a kind universe.

## 8) PUBLIC COMMENT

None.

## 9) OTHER BUSINESS

None.

## 10) COMMISSIONER REPORTS/ANNOUNCEMENTS

None.

## 11) JOINT CONFERENCE COMMITTEE REPORTS

(Reports by the Chairs of the Joint Conference Committees)

None.

## 12) ADJOURNMENT

The meeting was adjourned at 6:15 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

**City and County of San Francisco**
**HEALTH COMMISSION**
**Department of Public Health**
**101 Grove Street, Room #311**
**San Francisco, CA 94102**

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**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Michele M. Seaton**
Executive Secretary

**TEL (415) 554-2666**
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## AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, September 25, 2007***
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

***THIS MEETING WAS RESCHEDULED FROM SEPTEMBER 4TH**

*The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.*

*Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.*

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 18, 2007
**Minutes of the meeting of September 18, 2007*

3) PROPOSED ACTION: **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

**For Approval**

**(3.1)** **DPH** – Annual report of gifts received in FY 2006-07.

**(3.2)** **BHS** – Request for approval of a retroactive renewal contract with Huckleberry Youth Programs, in the amount of $160,900 per year, for a total contract amount of $810,936, which includes a 12% contingency, to provide Early and Periodic Screening, Diagnosis and Treatment mental health services programs for youth, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.3)** **BHS** – Request for approval of a retroactive renewal contract with Japanese Community Youth Council, in the amount of $784,000 per year, for a total contract value of $3,951,360, which includes 12% contingency, to provide mental health services, for the period July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**For Discussion and Approval**

**(3.4)** **BHS** – Request for approval of a retroactive new sole source contract with San Francisco AIDS Foundation, in the amount of $801,425, per year, for a total contract amount of $897,595,which includes a 12% contingency, to provide substance abuse services, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.5)** **BHS** – Request for approval of a retroactive renewal contract with Jelani, Inc., in the amount of $2,055,465 per year, for a total contract amount of $5,755,302, which includes a 12% contingency, to provide residential substance abuse services for women and families, for the period of July 1, 2007 through December 31, 2009 (2.5 years).
** Contract summary, Monitoring report summaries, Plans of Correction, Client demographic information forms*

**(3.6)** **BHS** – Request for approval of a retroactive renewal contract with Latino Commission on Alcohol and Drug Abuse, in the amount of $1,153,246 per year, for a total contract value of $5,812,360, which includes a 12% contingency, to provide residential substance abuse treatment targeting adult male Latinos and post partum Latina women, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

**(3.7)** **BHS** – Request for approval of a retroactive renewal contract with Horizons Unlimited of San Francisco, Inc., in the amount of $1,229,160 per year, for a total contract value of $6,194,966, which includes 12% contingency, to provide outpatient services targeting Latino youth, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **PHASE 2 FISCAL ANALYSIS**
(Gregg Sass, DPH Chief Financial Officer)
**Report*

6) **FOR DISCUSSION:** **UPDATE ON CONTRACTING ISSUES**
(Anne Okubo, Deputy Finance Director)
**Update*

7) **PUBLIC COMMENT** **

8) **OTHER BUSINESS*****

9) **COMMISSIONER REPORTS/ANNOUNCEMENTS**

10) **FOR DISCUSSION:** **JOINT CONFERENCE COMMITTEE REPORTS**
(Reports by the Chairs of the Joint Conference Committees)

11) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

**Accessible Meeting Policy**

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In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

### Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City . operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**HEALTH COMMISSION**

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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, September 25, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

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**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

## 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:15 p.m.

| | |
|---|---|
| Present: | Lee Ann Monfredini, President<br>Edward A. Chow, M.D.<br>Catherine Dodd, R.N., Ph.D.<br>Roma P. Guy, M.S.W.<br>James M. Illig |
| Absent: | David J. Sanchez, Jr., Ph.D., Vice President<br>Markus Watson, D.D.S. |

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 18, 2007

Action Taken: The Commission (Chow, Dodd, Illig, Guy, Monfredini) approved the minutes of the September 18, 2007 Health Commission meeting with the following amendments: On page 2 it will be noted that Commissioner Chow was absent from the Budget Committee meeting. On page 9, “Kendra Studson” will be changed to “Kendra Stewardson.”

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Chow chaired and Commissioner Dodd attended the Budget Committee meeting. The committee requested that all items be presented and discussed.

For Discussion and Approval

*(3.1)* **DPH** – Annual report of gifts received in FY 2006-07.

Commissioners' Comments

- Commissioner Chow expressed thanks for everyone's generosity. Their donations greatly assist the Health Department with its services.

*(3.2)* **BHS** – Request for approval of a retroactive renewal contract with Huckleberry Youth Programs, in the amount of $160,900 per year, for a total contract amount of $810,936, which includes a 12% contingency, to provide Early and Periodic Screening, Diagnosis and Treatment mental health services programs for youth, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

Commissioners' Comments

- Commissioner Chow and Commissioner Dodd asked about the number clients served. Ms. Chan-Sew said the contract summary states that 45 clients would be served with EPSDT funds. An additional 20 will be funded through the workorder with HSA, for a total of 65.

- Commissioner Chow asked what the programs consist of. Ms. Chan-Sew said most referrals come through kids in the shelters. Try to link them with family counseling. Initially they do assessment then connect to family counseling. Each case looks very different. There is some case management, some referred to Family Mosaic, etc. Huckleberry is also working with a number of foster care youth.

- Commissioner Dodd applauded Huckleberry for the work it does, particularly with youth in foster care.

*(3.3)* **BHS** – Request for approval of a retroactive renewal contract with Japanese Community Youth Council, in the amount of $784,000 per year, for a total contract value of $3,951,360, which includes 12% contingency, to provide mental health services, for the period July 1, 2007 through December 31, 2011 (4.5 years).

Commissioners' Comments

- Commissioner Dodd said that all of the agency's accomplishments are not necessarily reflected in the new contract documents. At the same time, two objectives were not applicable over the past few years, yet we presumably were paying for service. The Budget Committee requests that if objectives change, the contract should change as well so that at the end of the contract term, accomplishments are appropriately measured.

*3.4)* **BHS** – Request for approval of a retroactive new sole source contract with San Francisco AIDS Foundation, in the amount of $801,425, per year, for a total contract amount of $897,595, which includes a 12% contingency, to provide substance abuse services, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

*(3.5)* **BHS** – Request for approval of a retroactive renewal contract with Jelani, Inc., in the amount of $2,055,465 per year, for a total contract amount of $5,755,302, which includes a 12% contingency, to provide residential substance abuse services for women and families, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

Commissioners' Comments

- Commissioner Dodd said there are concerns about the Jelani House Program and as such the Budget Committee is recommending a 1.5 year contract. The Commission and Department want to continue to be supportive of Jelani's stability, growth and continuity.

- Commissioner Chow said the Commission would like to keep an eye on how the agency is doing and how the Health Department is supporting the agency. The goal is to ensure that this important program is supported. Margaret Gold, Executive Director, said she appreciates the concern, and the Department has been working very closely with them.

*(3.6)* **BHS** – Request for approval of a retroactive renewal contract with Latino Commission on Alcohol and Drug Abuse, in the amount of $1,153,246 per year, for a total contract value of $5,812,360, which includes a 12% contingency, to provide residential substance abuse treatment targeting adult male Latinos and post partum Latina women, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

Commissioners' Comments

- Commissioner Dodd commended the Latino Commission for exceeding all of its contract objectives.

- Commissioner Chow noted that the agency serves other ethnicities in addition to the Latino community, and asked how they maintain culturally competent programs. Ms. Camarillo said they are multi-ethnic in the Latino population and also have African American, Caucasians and transgendered clients.

*(3.7)* **BHS** – Request for approval of a retroactive renewal contract with Horizons Unlimited of San Francisco, Inc., in the amount of $1,229,160 per year, for a total contract value of $6,194,966, which includes 12% contingency, to provide outpatient services targeting Latino youth, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

Commissioners' Comments

- Commissioner Chow asked what types of culturally competent programs they have for the other ethnic communities that they have. Ms. Rios Reddick said the intent is to provide culturally friendly activities. Commissioner Chow said the goals focus on services to the Latino population, but perhaps these goals could be broadened. Ms. Chan-Sew said they do need to continue to target the Latino community, so they need to do both. Ms. Rios-Reddick added that they do extensive outreach, including at schools with high Latino populations. At the same time, there are changing demographics in the Mission. Horizons reflects that changing demographics.

- Commissioner Dodd said there is no question in her mind that they provide culturally competent services for Latinos. Her concern is whether the same holds true for the substantial numbers of other ethnicities they serve. The goals and objectives are written as though they are serving a predominantly Latino client base, when in fact they are serving multi-ethnic communities and perhaps this should be reflected. Ms. Rios-Reddick said their model starts with cultural affirmation, and all youth participate in and have embraced this. Ms. Garcia said we need to separate the mission of the agency and the programs they do. Horizons is a Latino focused organization, but they provide a variety of programming. The mission can still be Latino focused with programs that DPH funds that are multi-ethnic.

- Commissioner Chow asked if the agency thinks it needs a larger board. Ms. Rios-Reddick said they currently have six directors. They welcome individuals to help them fundraise. Fund development is an important focus for them.

- The Budget Committee asked that, for all contracts, the contract summary report the straight percentage of the objective achieved.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Monfredini) approved the Budget Committee Consent Calendar. The term of Jelani Inc.'s contract was changed to 1.5 years.

## 4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Carmen Chu Appointed to Fill Suspended Supervisor Seat
Mayor Newsom today appointed Carmen Chu, deputy budget director, to fill the position of Supervisor in District 4 after this morning's suspension of Supervisor Ed Jew from office. Supervisor Chu brings a strong public health orientation to her new position, having served as the Mayor's budget analyst for the Department of Public Health during the past year and played a major role in helping direct the successful financing plan for Healthy San Francisco. Ms. Chu is 29, the same age as Mayor Newsom when he was appointed to fill a vacancy on the Board of Supervisors in 1997. We welcome Supervisor Chu to her new role and look forward to working with her in her new capacity.

Champions for Change: Network for Healthy California – Chinese Project
The Chinatown Public Health Center celebrated its fourth year promoting "Network for Healthy California - Chinese Project," with a press conference on September 5 and a "Champions for Change" Family Health Day on September 8. The Champions for Change are moms and youths who have volunteered or been recruited by staff to take a leadership role in modeling healthy behaviors. The goal of the "Network for Healthy California – Chinese Project" is to empower residents to make healthier and active lifestyle choices such as consuming more fruits and vegetables and increasing daily physical activity. Currently there are over 25 community agency partners working together to produce culturally appropriate cookbooks and brochures, sponsor workshops, promote healthy messaging through media campaigns and perform outreach at farmer's markets, health fairs and community events. Dr. Edward Chow attended the press conference and Family Health Day Fair on behalf of the Health Commission and presented a Proclamation from the

Mayor declaring it "Champions for Change" day in San Francisco on September 8. The events produced seven newspaper articles and two features on Chinese TV evening news.

TRANS: THRIVE (Transgender Resource and Neighborhood Space: Transgender Health and Resource Initiative for Vital Empowerment)

Community Behavioral Health Services (CBHS) has been awarded a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to continue the TRANS program. The TRANS program, initiated by UCSF Center for AIDS Prevention Studies, is a drop-in center for the transgender community focused on improving health by reducing the risk of substance abuse and HIV. Now administered by the DPH through a contract with Asian and Pacific Islander Wellness Center, TRANS: THRIVE will provide outreach, case management, social support, educational workshops, and referrals and linkages to substance abuse treatment and other health services. A matrix of public and private collaborators will provide culturally competent and gender-sensitive services in a community space. The HIV Prevention Section is one of the collaborators. The Board of Supervisors awarded $150,000 in July to support TRANS: THRIVE to relocate, build out, and staff the program until the SAMHSA funding begins October 1, 2007.

Project Homeless Connect 18

Many thanks to all of the volunteers for the August 29 Project Homeless Connect 18, reported to be the second largest PHC event to date. Over 2300 individuals were helped by 1255 volunteers.

This was the first time PHC was able to provide dental treatment, thanks to an extraordinary collaboration between University of Pacific, Tom Waddell Health Center, the Veterans Association and Onsite Dental. A total of 68 dental procedures (filings and cleanings) and 284 screenings were performed. Because dental work is often the top service requested by homeless individuals coming to PHC, we hope to expand this option in the future.
Following are some highlights from the latest PHC.

- 180 families, 70 kids and 48 pregnant women served
- 216 individuals received assistance with CAAP (food stamps, GA etc)
- 217 individuals received medical services (80 follow up appointments)
- 280 pairs of glasses were given away
- 18,021 lbs of food was distributed
- 62 individuals received mental health and substance abuse services
- 80 individuals received methadone treatments
- 93 people were off the streets that night

Bayview Health Fair

A number of DPH staff provided topical information at the 5th Annual Faith Based Community Health Fair held at St. Paul of the Shipwreck Catholic Church on September 15. As in past years, staff members from Community Health Promotion and Prevention Branch and the Health Education Section were actively involved in planning the event and identifying services and providers that neighborhood residents were interested in hearing from. Drs. Mark Ghaly and Justin Morgan presented on a morning panel focused on youth health issues and talked to youth at the "Ask the Doctor" table. Others who provided information included Ginger Smyly, Deputy Director, Community Programs, Christina Carpenter, Cheryl Jones, Karen Pierce and Lanika Preston. Thanks to everyone who gave up their Saturday for a great outreach and trust building opportunity.

Healthcare and Aging

The national newsletter of the Healthcare and Aging Network of the American Society on Aging, just released their Fall 2007 issue, devoted entirely to reducing falls among older adults. The issue is guest edited by Paul H. Carlisle, Rehabilitation Coordinator for Laguna Honda Hospital and member of the Newsletter's editorial board, and features articles by Paul on prevention in institutional settings and by Michael Radetsky, from Community Health Promotion and Prevention, on work in community settings and the DPH CHIPPS program. There are also articles on advocacy and a scholarly look at the overall dimensions of the problem and current research. The articles are available on-line at http://www.asaging.org/asav2/han/enews/07fall.htm. Congratulations to Paul and Michael who have demonstrated a unique cooperative link within the Department.

Health Care Facilities Partnership Grant

San Francisco Department of Public Health was one of 11 entities nationally—and the only jurisdiction in California-- whose application for the Health Care Facilities Partnership (HFP) Cooperative Agreements was awarded grant funding. DPH will receive $787,659 for planning, activities, equipment and supplies for the Community Disaster Response Hub Project. DPH plays a central role in this disaster response plan. The funding will help us coordinate services at the community level so that medical and mental health services will be available immediately after a major disaster.

Marti Paschal Joins SFGH Team

We are pleased to welcome Marti Paschal to SFGH as the Director of Operations reporting directly to Gene O'Connell. Ms. Paschal replaces Iman Nazeeri-Simmons who is now Director of Quality Management. Marti comes to SFGH after three years as an associate performance analyst with the Controller's Office City Services Auditor division, where she participated in performance audits and technical assistance projects, including the DPH/SFGH market assessment project. Prior to her work with the Controller's Office, Marti was a legislative aide to Supervisor (now Assemblyman) Mark Leno and Supervisor Sophie Maxwell. Her experience also includes practice as a public agency attorney with Hanson, Bridgett, Marcus, Vlahos & Rudy, a private SF law firm renowned for its public agency and healthcare practice. Marti has a J.D. from Stanford Law School and a B.A. in urban affairs from Barnard College.

Commissioners' Comments

- Commissioner Guy heard that hearings will be held regarding St. Luke's Hospital. Ms. Kronenberg said Supervisor Alioto Pier will hold a hearing in mid-October. Dr. Katz said that the Health Department and the Health Commission have an interest in making sure that the city has adequate healthcare coverage. CPMC is looking at developing a hospital at Cathedral Hill. So while CPMC needs to rebuild its facilities, we need to work to make sure that the final plan reflects the need of the whole city. Why must all the beds must be built at Cathedral Hill? Last week CPMC went before the Board of Supervisors regarding the construction of a new facility at Davies, and the Board voted no. They want to see a master plan. So the message is coming from a number of areas, people feel there needs to be a coherent plan.
- Commissioner Illig asked the status of Supervisor Maxwell's legislation regarding Institutional Master Plan. Ms. Kronenberg said the bill is still in draft form and is going to the Planning Commission on October 4th. It will be introduced at the Board following that, and then will for a hearing within a month. Commissioner Illig said the Health Commission should be incorporated into the legislation.

- Commissioner Monfredini received a phone call from Sutter's chair of the board asking for a meeting. She will meet with him in the hopes of finding out additional information that she will share with the Commission.
- Commissioner Dodd wants Supervisor Maxwell's ordinance to be brought forward. It is the first time that San Francisco will take the long view of health planning and really begin to do something in terms of amending the Planning Code. She would like the chair to designate one or two commissioners to work with the Director to provide input into Supervisor Maxwell's legislation before it goes to the Board. Commissioner Monfredini asked Commissioner Dodd and Commissioner Guy to work on this. Commissioner Dodd said it is important to acknowledge specifically that San Francisco General Hospital was designated as a baby friendly hospital. It is the only county hospital in the country that received that designation.
- Commissioner Monfredini said that St. Francis has report that its SNF has a census of eight patients a day. She was helping a patient in July and at that time the census was in the 20s and 30s. She thinks the closure will have an impact. She would like John Kanaley and Gene O'Connell at the Prop. Q hearing. Ms. Seaton said the hearing is tentatively scheduled for November 6, 2007. Commissioner Monfredini appreciates that St. Francis informed the Health Commission about the closure and requested the Prop. Q. Dr. Katz said this speaks to the basic fact that running a SNF, regardless of how it is done, is a money losing proposition.
- Commissioner Illig said many hospitals do not look at a SNF as a money losing proposition, rather as a place to move people out of acute care in order to save money. In preparation for the hearing he would like a summary of where the other SNF beds in San Francisco are.
- Commissioner Chow said along with the listing he would like an analysis of what the need is for San Francisco.

## 5) PHASE 2 FISCAL ANALYSIS

Gregg Sass, DPH CFO, said the Controller's Office and the Health Department engaged Phase 2 Consulting to perform a revenue maximization assessment. Phase 2 Consultants interviewed staff, analyzed data and gained an understanding of revenue cycle processes in order to identify strengths and weaknesses and provide recommendations to maximize revenue for the Health Department. Mr. Sass introduced Marlowe Dazley and Todd Halpin from Phase 2 Consulting, who gave the presentation.

Summary of Key Recommendations

*Immediate Recommendations*

- ➢ Develop and implement a point-of-service collections policy to increase collection of patient-responsible balances at the time of service.
- ➢ Implement a "triage screening process" in the emergency department to ensure that non-emergent patients are directed to the proper site of service (community clinic and/or urgent care) and reallocate one of the emergency department registration clerks as an additional eligibility clerk during peak shifts.
- ➢ Develop and implement a strategic pricing alignment strategy to better align prices with local market to enhance reimbursement opportunities.
- ➢ Add an additional two to four FTE to the accounts receivable follow-up group.
- ➢ Implement automated account follow-up process.

- Develop and implement automated tool and follow-up process for denials management function.
- Reduce mental health insurance-related denials and write-offs by providing registration personnel access to "HDX" eligibility system.

*Short Range Recommendations (6-12 months)*

- Develop and implement a better prioritized utilization review follow-up tool and process to ensure more timely completion of MediCal TARS and MediCal payment.
- Develop and implement a comprehensive revenue cycle indicator report to track key performance indicators.
- Research and identify electronic submission process for TARS at Laguna Honda Hospital.

*Mid Range Recommendations (1-2 years)*

- Assign at least one full-time system support specialist to be directly focused on patient financial services system and reporting.
- Begin to develop a transition plan to prepare for the retirement of leaders in key revenue cycle positions

By implementing the key recommendations over the next six to twelve months, Phase 2 Consulting believes that the Health Department could maximize its current revenue stream by $3-$6 million annually and add a one-time net increase to its cash flow of $8-$11 million.

Commissioners' Comments

- Commissioner Dodd asked if the recommendation is that people, when appropriate, be redirected from the ED to the Urgent Care Clinic. Mr. Halpin said yes, and also to clinics. Mr. Sass said that historical practice is that nurses triage people as they come in, but there is no mechanism for collecting a co-pay in either the ED or the Urgent Care Clinic.

- Commissioner Illig said that since so few patients are self-pay, does it matter if our charges go up or down? Mr. Sass said it does make a difference because of the trauma center. An opportunity exists that we want to take advantage of.

- Commissioner Dodd thinks it is important for the Commission, from a public policy perspective, to look systematically at its cost to charge ratio. We are looking at setting charges based on rates set by Sutter Health. This is what is driving hospital costs up across the country, and this must be acknowledged. Mr. Sass said the goal would be to reduce prices in certain strategic areas and only increase charges where it made sense and was real.

- Commissioner Illig asked how we determine who gets charity care. Mr. Sass said the DPH sliding scale goes up to 500% FPL for San Francisco residents. Mr. Sass said there is a large sliding scale population and a large self-pay population. Commissioner Illig asked if we have a contract with an agency that harasses people to collect payment. Mr. Sass said he does not believe we engage agencies to sent letters to collect bills. Dr. Katz added that a letter goes out from the City's Bureau of Delinquent Receivables, however if someone does not pay, the City does not garnish wages. Mr. Sass added that we work with people to get them connected to funding sources.

- Commissioner Dodd said the issue of people who would have been eligible to participate in the sliding fee scale but are now being considered private pay is one she'd like to discuss further. She asked if staff has the capacity to collect point of service fees and payments. Mr. Sass said State law says the Health Department cannot bill a self pay patient more than they expect to receive from Medicare.

- Commissioner Chow asked about the recommendations related to Laguna Honda process changes. Mr. Halpern said that the actual dollar amount was fairly low in terms of impact. The Laguna Honda recommendations are included in the $3-$6 million.
- Commissioner Guy asked if Healthy San Francisco is going to impact the point of contact recommendations. She also wants to acknowledge that people can be harassed in emergency departments while they are tying to get care and she wants to move beyond this cultural bias and help understand and implement recommendations. Mr. Halpin said the triage screening process is focused on getting the right care for the right person. Commissioner Guy asked if they have any evidence that it will not sway people for care. Mr. Halpin said experience has shown that typically there is a 10-20 times return on investment. Healthy San Francisco will absolutely have an impact and they will be looking at point of service fees for this program. If there is only a marginal return, they might recommend changes. Point of service fees require staff training. Dr. Katz said it is his hope that HSF solves this problem. HSF offers very clear expectations to everyone in a friendly way. They have also learned that in DPH point of service charges must be all or nothing in terms of who pays.
- Commissioner Chow said that the Commission agrees that co-pays are valuable. It is at what level that co-payments should be applied that raised concerns. The review needs to be quite careful that we do not discourage people with marginal incomes from accessing service. Dr. Katz said that once we open we will gain experience and modifications will be recommended.
- Commissioner Dodd has no objections to raising emergency room fees to be competitive with the other emergency rooms in our area. However, her aunt spent a significant amount of money recently at an emergency and we need to be cognizant about impact on vulnerable people. She wants to put this in the context of health care policy in San Francisco, the number of beds, hospital plans and other factors.
- Commissioner Monfredini said it is the Health Commission's job to set policy, serve the health of all San Francisco and make sure there are adequate health care services, and the consultants need to be aware of this. Commissioner Monfredini asked if we are moving forward with all the recommendations. Mr. Sass said there is a workplan but at every step staff will evaluate whether to go forward. Peg Stevenson from the Controllers' Office thanked the Health Commission for its attention. She was pleased to see that they Health Department has benefited from this analysis. This report was a good use of the Proposition C dollars.
- Commissioner Guy said this report is very important and demonstrates the good job the Health Department does in collecting revenue. Mr. Sass said the Patient Financial Services Group has been key to this success.
- Commissioner Dodd said one of the outcomes of the Project Homeless Connect is how many clients were eligibilized for SSI, and she wonders if this is a potential source of additional funding. Mr. Sass said they are focusing on closer collaboration between the eligibility work that is done at SFGH and that work that is being done at CBHS and HAS.
- Commissioner Monfredini acknowledged Mr. Sass, the Controller's Office, the consultants, Ms. O'Connell and Mr. Kanaley.

## 6) UPDATE ON CONTRACTING ISSUES

Anne Okubo, Deputy Finance Director, presented and update on contracting issues.

Exhibit A
The DPH Streamlining Committee was assigned the task to revise the scope of work, which is Exhibit A of contract documents. Since the last report, the Committee proposed revisions to Exhibit A to streamline and standardize the format. Proposed revisions were reviewed by DPH program staff and on May 1, 2007 a focus group was held with DPH contractors to obtain their feedback. Revisions to the Exhibit A have been completed. For this fiscal year the new Exhibit A format will be voluntary. Beginning in 2008-09 the format will be used for all contracts.

Cultural Competency Reporting
The requirements for cultural competency reporting have been revised. Contractors will be asked to develop up to three broad cultural competency goals that are agency-wide in addition to program specific cultural competency objectives. Ms. Okubo emphasized this point, as her written memo said the agency goals were instead of the program goals.

Contract Negotiations
Contractors have been offered the option of face-to-face contract negotiations for 2007-08 contracts. Performance objectives and other contract issues may be discussed and revised, as needed.

Contractor Feedback Tool
A contractor feedback tool has been developed to obtain information from contractors on the contract certification process. The tool will be used by DPH contract and program staff to identify and address problems encountered during the contract certification process. The tool is complete and will be implemented beginning October 2007 as contracts are renewed.

Ms. Okubo said a meeting was held last week with Barbara Garcia, members of the Contracting Task Force, herself and others to discuss COOL. COOL is up and running, thanks to the Controller's Office.

Commissioners' Comments

- Commissioner Illig said COOL is not happening standardized across the Department. It is a wonderful repository but has to be used by all DPH staff. This is not happening. We need training about how COOL is used and that it must be used. Ms. Okubo said part of the plan is to have training for DPH staff.
- Commissioner Monfredini said training is a critical component and people must be brought on board.
- Commissioner Guy asked if Ms. Okubo plans to achieve training by the end of the year. Ms. Okubo said yes.
- Commissioner Dodd asked if we measure the response to LEP in terms of contractors. Ms. Okubo said she will follow up with Jason Hashimoto and get back to the Commissioner.
- Commissioner Illig said the whole point of the 12% contingency was to have contracts certified on time before they expire, yet this is not happening. Ms. Okubo said the 18-month contract addresses that problem, and allows time to negotiate the contract after the funding is approved by the Board in July. The 12% contingency is to allow contracts to be modified to

include things like COLAs without going back to the Health Commission for approval. Commissioner Illig said that he does not want the Health Commission to be one of the barriers to a contractor getting paid on time.

- Commissioner Monfredini is concerned about contracts coming forward to the Health Commission with inexact contract amounts. She is more comfortable with using historical figures.
- Commissioner Guy agrees that the Health Commission should not be a barrier, but we need to be aware of unintended consequence.
- Commissioner Chow said the Commission has put in place a number of tools to expedite payment. We need to be sufficiently flexible in moving contracts through, and he will work through the Budget Committee on this issue.
- Commissioner Illig said that the Department expects the contractors to achieve outcomes. His goal is for the Department to manage revenue, and the contractors to achieve the goals. This is not happening with the backfilled Ryan White AIDS funds, and contractors are being asked to develop two separate budgets. Ms. Okubo said part of the CARE funding has been shifted to general fund and in order to do the budget, funds have to be accounted for separately. Commissioner Illig said other departments blend funding into one invoice. Ms. Okubo said conceptually the agency could do one invoice, but it would still have to do two separate budget because DPH needs separate accountability. Commissioner Illig disagrees. Ms. Okubo will look at what they are doing at HSA.
- Commissioner Dodd does not what to lose the detail that the Budget Committee currently gets when it is considering contracts. She wants to know what the Department is spending on each program or activity.
- Commissioner Monfredini wants the Budget Committee to work with Ms. Okubo on the issues that have been raised today.
- Commissioner Chow wants to work closely with Commissioner Illig to get his input on both the problems and the solutions. Commissioner Chow confirmed that there will still be program specific cultural competency objectives in addition to agency goals. Ms. Okubo said yes.
- Commissioner Guy added that measurable goals will be developed for each program.
- Commissioner Illig said that agency-wide goals are great for contractors that contract with other agencies that do not require cultural competency.

Public Comment

Debbi Lerman, San Francisco Human Services Network, said that communication has been one of the biggest issues that led them to come to the Commission in the first place and they are encouraged with regular meetings with the Department and the Commission's oversight. It feels like more of a partnership. They are seeing workplans around things like late certification that are really encouraging, and they have been asked to help with prioritizing. They are going to repeat the focus groups they did last year to ask contractors how things are going and if things have improved since last year. They will present this feedback in the next report to the Commission. Commissioner Monfredini looks forward to hearing this feedback and seeing where the holes are. Ms. Lerman said the major reforms came out of the cultural Competency Task Force, and agency goals are really helpful. They will be thrilled to participate in Budget Committee discussions around timely certification. They continue to ask that COOL not be mandatory for contractors at this time.

## 7) PUBLIC COMMENT

(Taken out of Order, after Director's Report)

Dr. Ahimsa Porter Sumchai, spoke about asbestos exposure at Parcel A. The Mayor has misrepresented the findings of a recent study, and she hopes Dr. Katz had no involvement in this press release.

## 8). OTHER BUSINESS

None.

## 9) COMMISSIONER REPORTS/ANNOUNCEMENTS

Commissioner Guy urged colleagues to read the minutes from yesterday's PHP JCC. The Report from TB about TB in SROs is really important. She also honored the Environmental Services Section around their work with food security and now the SFUSD is going to setting up salad bars in high schools and middle schools.

Commissioner Chow said LHH JCC met yesterday, and he and Dr. Sanchez took a tour of the new facility that is under construction. He highly recommends that his colleagues take a tour as well. This will put into the context the replacement project and the discussion about the Assisted Living Facility.

Commissioner Illig said the CHN JCC will be looking at the Westside Mental Health/Southeast Partnership for Health Center on Excellence to follow up with Budget Committee questions from the July 17th meeting and also have a discussion about next year's budget. He and Commissioner Dodd will meet with Ms. Gray tomorrow to follow up on bed days.

## 10) JOINT CONFERENCE COMMITTEE REPORTS

None.

## 11) ADJOURNMENT

The meeting was adjourned at 5:30 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

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**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
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**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
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**Department of Public Health**

**Mitchell H. Katz, M.D.**
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/2/07

# AGENDA

## HEALTH COMMISSION MEETING

10-03-07

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**Tuesday, October 2, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

*The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.*

*Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.*

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 25, 2007**
**Minutes of the meeting of September 25, 2007*

## 3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

For Approval

**(3.1) Community Behavioral Health Services** – Request for approval of a retroactive renewal contract with Catholic Charities - St. Vincent's School for Boys, in the amount of $392,456 per year, for a total contract amount of $1,977,978, which includes a 12% contingency, to provide mental health outpatient services, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

**(3.2) Community Behavioral Health Services** – Request for approval of a retroactive renewal contract with Oakes Children's Center, in the amount of $739,894 per year, for a total contract amount of $3,729,066, which includes a 12% contingency, to provide psychiatric day care services targeting children ages 4-14, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.3) Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Morrisania West, in the amount of $193,760 per year, for a total contract amount of $325,517, which includes a 12% contingency, to provide substance abuse services targeting African American youth and young adults, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Monitoring report summary, Plan of Correction, Client demographic information form*

**(3.4) Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Central City Hospitality House in the amount of $966,605 per year, for a total contract amount of $1,623,896, which includes a 12% contingency, to provide substance abuse services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.5) Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Central City Hospitality House in the amount of $647,295 per year, for a total contract amount of $1,087,456, which includes a 12% contingency, to provide peer-based substance abuse and mental health drop-in services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Progress report*

**(3.6) Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Mt. St. Joseph-St. Elizabeth, in the amount of $835,434 per year, for a total contract amount of $4,210,587, which includes a 12% contingency, to provide mental health and substance abuse services, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

**(3.7) AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive contract renewal with Native American Health Center, in the amount of $393,281, which includes a 12% contingency, to provide Center of Excellence services to persons with HIV/AIDS (HIV/AIDS

Primary Care, Case Management, Substance Abuse, Mental Health and Peer Advocacy services), for the period of July 1, 2007 through June 30, 2009 (2 years).
** Contract summary, Monitoring report summary, Client demographic information form*

For Discussion and Approval

**(3.8) Community Behavioral Health Services** – Request for site approval of Haight Ashbury Free Clinic new "Buster's Place Drop in Center" Program, to be located at 1855 Mission Street, San Francisco, California 94102.
** Request memo, Community meeting summary and minutes, Sign-in sheet, Map, Informational sign*

**(3.9) Community Behavioral Health Services** – Request for approval of retroactive master renewal contracts with San Francisco Mental Health Plan providers, in the amount of $4,444,437 per year, for a total of $7,466,654, which includes a 12% contingency, to provide Managed Care Mental Health Services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

| Contractor (all are non-profit) | Address | Type of Services |
|---|---|---|
| Bay Area Children First | 999 Sutter Street<br>San Francisco, CA 94109 | Group Provider<br>Outpatient Mental Health Services |
| Clinical Training and Research Institute | 825 Van Ness Avenue<br>Suite 503 | Group Provider<br>Outpatient Mental Health Services |
| Jewish Family and Children's Services | 2534 Judah Street<br>San Francisco, CA 94122 | Organizational Provider<br>Outpatient Mental Health Services |
| UCSF Langley Porter Hospital and Clinics | 401 Parnassus, Box 0984<br>San Francisco, CA 94143 | Group Provider<br>Outpatient Mental Health Services |
| Realizing Our Youth as Leaders, Inc. (ROYAL) | 2675 Folsom Street<br>San Francisco, CA 94110 | Group Provider<br>Outpatient Mental Health Services |
| San Francisco General Hospital Psychosocial Medicine | 1001 Potrero Ave 7M<br>San Francisco, CA 94110 | Interagency Agreement<br>Outpatient Mental Health Services |
| Survivors International | 703 Market Street, Suite 301<br>San Francisco, CA 94103 | Group Provider<br>Outpatient Mental Health Services |
| West Coast Children's Services | 545 Asbury Ave<br>El Cerrito, CA 94530 | Organizational Provider<br>Outpatient Mental Health Services |
| YWCA of Contra Costa County | 1320 Arnold Drive, Suite 170<br>Martinez, CA 94553 | Group Provider<br>Outpatient Mental Health Services |

** Contract summary, List of Boards of Directors, Monitoring report summaries, Corrective Action Plan, Client demographic information forms*

**(3.10) Community Behavioral Health Services** – Request for approval of retroactive contract renewal with Asian American Recovery Services, in the amount of $6,024,393 per year, for a total contract value of $10,120,980 which includes a 12% contingency, to provide fiscal and management oversight services for Community Behavioral Health Services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Performance memo*

**(3.11) Community Behavioral Health Services** – Request for approval of a retroactive renewal contract with Asian American Recovery Services, in the amount of $2,363,949 per year, for a total contract value of $6,619,057, which includes a 12% contingency, to provide substance abuse services targeting men and women of Asian/Pacific Islander descent, for the period of July 1, 2007 through December 31, 2009 (2.5 years).
** Contract summary, Monitoring report summaries, Plans of Correction, Client demographic information forms*

**(3.12) Community Behavioral Health Services** – Request for approval of a retroactive renewal contract with Seneca Center for Children and Families, in the amount of $5,800,789 per year, for a total contract value of $9,745,326, which includes a 12% contingency, to provide residential, day treatment and therapeutic behavioral health services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

**(3.13) CHPP-Health Promotion** – Request for approval of new retroactive contract with Davis & Associates Communications, in the amount of $83,860 per year, for a total contract value of $167,720, which includes a 12% contingency, to provide public relations and media services, for the Shape-Up San Francisco awareness campaign, for the period of September 1, 2007 through June 30, 2009 (1.75 years).
** Contract summary*

**(3.14) PHP-Comm. Programs/AB 75 Project** – Request for approval of a contract renewal with AmeriChoice, in the amount of $131,700, to provide fiscal intermediary services for the FY 2007-08 California for Indigents Program/Hospital and Physician Program, for the period of November 15, 2007 through March 31, 2009 (16.5 months).
** Contract summary, Monitoring report summary, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **UPDATE ON AIR QUALITY IMPROVEMENT IN SAN FRANCISCO**
(Rajiv Bhatia, M.D., Director, Environmental Health Section)
**Update*

6) **PUBLIC COMMENT** **

7) **OTHER BUSINESS*****

## 8) COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS

## 9) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $133,751.52, VICTORIA SARGENT GRIEVANCE, ERD No. 81-06-1465**

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

## 10) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

**Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

### Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**HEALTH COMMISSION**

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**Department of Public Health**

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**Web Site: http://www.sfdph.org**

# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, October 2, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

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## 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:20 p.m.

| | |
|---|---|
| Present: | Lee Ann Monfredini, President<br>David J. Sanchez, Jr., Ph.D., Vice President<br>Edward A. Chow, M.D.<br>Catherine Dodd, R.N., Ph.D.<br>Roma P. Guy, M.S.W.<br>James M. Illig<br>Markus Watson, D.D.S. |

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 25, 2007

Action Taken: The Commission approved the minutes of the September 25, 2007 Health Commission meeting.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Watson and Commissioner Chow attended the Budget Committee meeting. The Committee moved Items 3.1, 3.2, 3.3 and 3.7, to the Discussion and Approval section of the agenda.

For Approval

**(3.4) Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Central City Hospitality House in the amount of $966,605 per year, for a total contract amount of $1,623,896, which includes a 12% contingency, to provide substance abuse services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

**(3.5) Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Central City Hospitality House in the amount of $647,295 per year, for a total contract amount of $1,087,456, which includes a 12% contingency, to provide peer-based substance abuse and mental health drop-in services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

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For Discussion and Approval

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Commissioners' Comments

- Commissioner Sanchez said CYO has been a benchmark in terms of Board oversight and he notes that currently there are only four members on the Board. Staff clarified that only the Board officers are listed in the contract summary. Dan Gallagher said that CYO merged with Catholic Charities in 2003 and now there are 30 Board members and four vacancies.

**(3.2) Community Behavioral Health Services** – Request for approval of a retroactive renewal contract with Oakes Children's Center, in the amount of $739,894 per year, for a total contract amount of $3,729,066, which includes a 12% contingency, to provide psychiatric day care services targeting children ages 4-14, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

Commissioners' Comments

- Commissioner Sanchez has the same concern about Oakes Children's Center's Board of Directors. Norm Herring, Executive Director, said that they currently have eight members. One of his priorities is to build the Board.

**(3.3) Community Behavioral Health Services** – Request for approval of a retroactive contract renewal with Morrisania West, in the amount of $193,760 per year, for a total contract amount of $325,517, which includes a 12% contingency, to provide substance abuse services targeting African American youth and young adults, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

Commissioners' Comments

- Commissioner Watson asked why outcomes were not met. Denise Jones, CBHS, said that the agency became certified as a mental health provider, which is a major accomplishment, and it had to build a client base and learn regulations regarding billing, documentation and clinical services. Commissioner Sanchez asked if Morrisania's experience offers lessons learned for other agencies seeking to become licensed. Ms. Jones said they did learn lessons. Charles Dixon, Morrisania West, added that the effort requires a lot of staff training and integration with the client base. Dr. Cabaj, CBHS, said CBHS will use this as a template for other organizations going through the same process.

- Commissioner Chow asked if the number of clients is realistic and is the agency on target to reach objectives. Mr. Dixon said yes. They had clients last year, the problem was that they were disallowed.

**(3.7) AIDS OFFICE-HIV Health Services –** Request for approval of a retroactive contract renewal with Native American Health Center, in the amount of $393,281, which includes a 12% contingency, to provide Center of Excellence services to persons with HIV/AIDS (HIV/AIDS Primary Care, Case Management, Substance Abuse, Mental Health and Peer Advocacy services), for the period of July 1, 2007 through June 30, 2009 (2 years).

Commissioners' Comments

- Commissioner Watson asked for a report back to the Community Health Network Joint Conference Committee in one year. Michelle Long will give a written report to the chair of the CHN JCC in one year, who will then determine if a presentation is necessary.
- Commissioner Sanchez said the Centers of Excellence is a flagship program and we want to make sure it is successful.

**(3.8) Community Behavioral Health Services –** Request for site approval of Haight Ashbury Free Clinic new "Buster's Place Drop in Center" Program, to be located at 1855 Mission Street, San Francisco, California 94102.

Secretary's Note - This item was pulled from the Health Commission agenda.

**(3.9) Community Behavioral Health Services** – Request for approval of retroactive master renewal contracts with San Francisco Mental Health Plan providers, in the amount of $4,444,437 per year, for a total of $7,466,654, which includes a 12% contingency, to provide Managed Care Mental Health Services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

| Contractor (all are non-profit) | Address | Type of Services |
|---|---|---|
| Bay Area Children First | 999 Sutter Street<br>San Francisco, CA 94109 | Group Provider<br>Outpatient Mental Health Services |

| | | |
|---|---|---|
| Clinical Training and Research Institute | 825 Van Ness Avenue<br>Suite 503 | Group Provider<br>Outpatient Mental Health Services |
| Jewish Family and Children's Services | 2534 Judah Street<br>San Francisco, CA 94122 | Organizational Provider<br>Outpatient Mental Health Services |
| UCSF Langley Porter Hospital and Clinics | 401 Parnassus, Box 0984<br>San Francisco, CA 94143 | Group Provider<br>Outpatient Mental Health Services |
| Realizing Our Youth as Leaders, Inc. (ROYAL) | 2675 Folsom Street<br>San Francisco, CA 94110 | Group Provider<br>Outpatient Mental Health Services |
| San Francisco General Hospital Psychosocial Medicine | 1001 Potrero Ave 7M<br>San Francisco, CA 94110 | Interagency Agreement<br>Outpatient Mental Health Services |
| Survivors International | 703 Market Street, Suite 301<br>San Francisco, CA 94103 | Group Provider<br>Outpatient Mental Health Services |
| West Coast Children's Services | 545 Asbury Ave<br>El Cerrito, CA 94530 | Organizational Provider<br>Outpatient Mental Health Services |
| YWCA of Contra Costa County | 1320 Arnold Drive, Suite 170<br>Martinez, CA 94553 | Group Provider<br>Outpatient Mental Health Services |

Commissioners' Comments

- Commissioner Chow asked if San Francisco Mental Health Plan is part of the Healthy San Francisco Network of behavioral health services. Chona Peralta said we will be part of that network. The patient is referred through the Mental Health Access Line. Ms. McCreary said they have a contract with San Francisco Health Plan for Healthy Children, Healthy Families and Healthy San Francisco. They receive a block of money from the Health Plan to cover these services.

**(3.10) Community Behavioral Health Services** – Request for approval of retroactive contract renewal with Asian American Recovery Services, in the amount of $6,024,393 per year, for a total contract value of $10,120,980 which includes a 12% contingency, to provide fiscal and management oversight services for Community Behavioral Health Services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

**(3.11) Community Behavioral Health Services** – Request for approval of a retroactive renewal contract with Asian American Recovery Services, in the amount of $2,363,949 per year, for a total contract value of $6,619,057, which includes a 12% contingency, to provide substance abuse services targeting men and women of Asian/Pacific Islander descent, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

Commissioners' Comments

- Commissioner Chow said it is positive that the agency has recognized productivity as a problem and laid out an effective plan to address this. He asked how they have been working within the Chinese community and Chinese Hospital. David Yamimoto, Deputy Director, said they have worked with the staff of the hospital and will be holding an inservice next week with a Mandarin speaking counselor. Commissioner Chow encouraged outreach to the medical staff as well. Another possibility is to work within the Chinese Health Care Coalition.
- Commissioner Watson commended the agency on its productivity plan.
- Commissioner Sanchez said AARS is going into schools they worked with last year and will also be working with new schools. There are a number of other agencies that are focusing on kids in schools and collecting data. It is very important that we begin to adequately document the good efforts that are being undertaken and define the parameters so that there is communication between agencies working with kids as well as school district, Police Department, Recreation & Park Department etc., to set new standards. He asked AARS staff to follow up on this so that it is documented that collectively we are trying to make a difference. A substantial amount of money is being spent on this effort.
- Commissioner Chow asked if they would be targeting the middle schools. Mr. Yamimoto said they are at several middle schools right now. They are trying to beef these programs up and then identify new schools.

**(3.12) Community Behavioral Health Services** – Request for approval of a retroactive renewal contract with Seneca Center for Children and Families, in the amount of $5,800,789 per year, for a total contract value of $9,745,326, which includes a 12% contingency, to provide residential, day treatment and therapeutic behavioral health services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

Commissioners' Comments

- Commissioner Watson asked if the increased dollar amount is related to volume or new program. Ms. Weinstein said it is the annualization of the new program.

**(3.13) CHPP-Health Promotion** – Request for approval of new retroactive contract with Davis & Associates Communications, in the amount of $83,860 per year, for a total contract value of $167,720, which includes a 12% contingency, to provide public relations and media services, for the Shape-Up San Francisco awareness campaign, for the period of September 1, 2007 through June 30, 2009 (1.75 years).

Commissioners' Comments

- Commissioner Watson said he is pleased to see this move from an idea to a development to a campaign. He is sure the message will reach all San Franciscans.

**(3.14) PHP-Comm. Programs/AB 75 Project** – Request for approval of a contract renewal with AmeriChoice, in the amount of $131,700, to provide fiscal intermediary services for the FY 2007-08 California for Indigents Program/Hospital and Physician Program, for the period of November 15, 2007 through March 31, 2009 (16.5 months).

Commissioners' Comments

- Commissioner Chow asked why staff is renewing the contract prior to when the contract ends in March 2008. Mr. Leong said it has to do with State requirements for the program. It takes the contractor approximately 16 months from the time the claim is prepared to the time the contract is paid. The contract is to pay out funds for services provided in one fiscal year.

Commissioners' Comments (at the Health Commission meeting)

- Commissioner Illig thanked staff for including information in the contract documents about whether or not agencies were getting paid. Some divisions seem to be doing better than others in including outcomes. He encourages all divisions to include outcomes and outputs in the contract documents. He asked if there was an update to the monitoring report for Morrisania West. Dr. Cabaj said they are trying to present timelier data, but they have only now added the mental health component. They are on the right trajectory.

  Action Taken: The Commission approved the Budget Committee consent calendar. Item 3.8 was removed from the Health Commission agenda.

## 4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., presented the Director's Report.

Health Care Reform Heats Up in Sacramento

Health Care reform has kicked into high gear in Sacramento as the Governor, Assembly Speaker, and Senate pro Tem have been engaged in ongoing meetings to craft a new health care reform bill. At the end of session in September, the legislature passed AB 8, a statewide coverage plan, which at its heart contained an employer pay-or-play mandate requiring California employers either to provide coverage or to pay 7% of payroll into a state fund to provide coverage for their employees. With a threat to veto that bill, Governor Schwarzenegger called the legislature back into a special session to draft a health care reform bill that he could sign.

The current draft of the proposal, which continues to change daily, calls for a mix of the Governor's plan with AB 8, including an individual coverage mandate, a provider fee, and perhaps most important to counties, a county share of cost. Under discussion is a county share of cost that would be 40% of the premium for specified enrollees in the new state plan. Counties would then be required to contribute a dollar value for each enrollee that is 40% of premium, which the Administration currently estimates is between $180 and $280 per member per month.

CSAC, the California State Association of Counties, continues to meet with Administration and legislative staff and key county issues center on how and whether the county share of cost would work; how eligibility determinations could affect the whole system; remaining county responsibility for mental health, dental, and addiction services; and the IHSS employer of record mandate. CSAC is scheduling conference calls and issuing updates to keep San Francisco and other counties informed of the developments and to seek county input on local concerns.

The Governor and Leadership have set an aggressive timeline of completing language by October 9 and a vote sometime next week. Their goal is to have the bill on the Governor's desk by October 15.

## DPH Participates in Parking Day

As part of Parking Day 2007, staff from Environmental Health's Program on Health, Equity and Sustainability created a temporary park on Fulton Street mimicking a rooftop garden and featuring a bicycle powered blender to make healthy and energy efficient smoothies. PARK(ing) Days, a national event, temporarily transforms parking spots into *PARK(ing) spaces* or temporary public parks helping people to rethink the way streets are used, to call attention to the need for urban parks, and improve the quality of urban human habitat. Public health professionals have long known that parks and open spaces fill human beings' most basic needs, providing an opportunity for physical activity, solace and recreation, and social interaction with other people. For one day, the SFDPH temporary mini-park brought together hundreds of ethnically and socio-economically diverse people seeking an escape from everyday stressors, promoting awareness of the relationships between natural, built, and social environments and human health.

This project was coordinated by Cyndy Comerford Scully, and staffed by Megan Gaydos, Lili Farhang, Michelle Kirian, Jennifer McLaughlin, Matthew Nester, and Megan Wier. The DPH temporary park was frequently photographed and appeared in a number of publications.

## Healthy San Francisco Continues to Draw National Attention

Dr. Katz attached a copy of an article from the *Chicago Tribune* about Healthy San Francisco. He especially liked this story because of the quotes from clients for whom the existing non-system was always available and now differently they feel about our new system.

## Commissioners' Comments

- Commissioner Monfredini said the Commission is so proud of Healthy San Francisco and that it is being recognized by other places.
- Commissioner Illig said as this Commission's representative to the IHSS Authority, he is interested in what is going on with the IHSS employer record of mandate. Dr. Katz said CSAC is asking this question. The latest proposal is silent on the issue and it is a key thing to watch. Commissioner Illig asked when Supervisor Mirkarimi's hearing on the Acute Psychiatric Beds will be held. Dr. Katz said it is scheduled for Wednesday, October 10th. Commissioner Illig asked if it would be helpful for commissioners to be in touch with the supervisor. Dr. Katz said perhaps. One of the arguments raised by family members is how their child has been in and out of 30 locked facilities. This is not a compelling argument for why you need more locked facilities, but an argument for how difficult it is to treat mental illness. Further, the majority of beds at the acute level will still be locked beds. And Ms. O'Connell reports that administrative days, or people who are deemed as no longer needing locked care, is consistently over 40 percent. So there are compelling arguments why DPH recommended this and why the Commission and Board approved it.
- Commissioner Guy said it is extraordinary that counties would be required to contribute 40% of premiums. This is an issue. The individual mandate will be a huge challenge for the state.
- Commissioner Dodd thinks it behooves us to let the State legislators know that they are making things more complex. She would like to see a response from the Health Commission to the column in the Chronicle, which is the policy making body that approved this recommendation, and reiterate the points that Dr. Katz made. She thinks a letter to the editor is appropriate. Dr. Katz agrees that this is an important education effort.

- Commissioner Chow agrees that a letter to the editor would be a nice educational effort. The Department and Health Commission need to continue to make the case as to why we need to try this initiative, and that locked beds are not the only answer. Commissioner Chow asked if a sales tax increase is still part of the health care reform discussion, and would this need voter approval. Dr. Katz said he has been told that the plan in total would require both the legislature's approval and the voter approval, and the sales tax increase is not off the table.
- Commissioner Watson asked what happens if the bill is not together by October 15th. Commissioner Guy said this means AB 8 would not moved over to next year.
- Commissioner Monfredini appreciates where parents are coming from in terms of getting some reassurance from the fact that their children are safe when they are in a locked facility.
- Commissioner Dodd said the people who read the Chronicle are people who care about their property values. DPH is being compassionate and responsible in its care, but is also being fiscally responsible and this resonates with the Chronicle's readership.

## 5) UPDATE ON AIR QUALITY IMPROVEMENT IN SAN FRANCISCO

Rajiv Bhatia, M.D., Director, Environmental Health Section, presented an update on improving air quality in San Francisco. Dr. Bhatia described sources of outdoor and indoor air pollution, key air pollution regulatory strategies, limits of air quality standards and health effects of fine particulate pollution. Dr. Bhatia showed the locations of monitoring sites and said monitoring results indicate significant variation in Southeast San Francisco. Reducing ambient particulates to natural background levels will improve mortality rates, reduce chronic bronchitis, and reduce rates of COPD, cardiovascular, pneumonia and asthma hospitalizations. Traffic related pollution assessment is that exposure is worse near the source. Community based research with PODER is communicating air pollution data in the Excelsior. Dr. Bhatia said the Health Department is engaged in the emerging issue of land use development and air quality conflicts.

Environmental Strategies for Reducing Air Pollution Exposures
- Dust controls for new construction
- Maintaining buffer zones around known pollution sources
- Ventilation and filtration systems for sensitive uses near busy roadways or freight routes
- Coordinating transportation-land use system
- Reducing traffic
- Indoor air quality assessments for asthmatics
- Healthy homes standards for new construction
- Enforcement of Housing and Health codes
- Renovation of substandard housing

Challenges for DPH
- New roles for environmental health
- Multiple responsible agencies—Planning, MTA, Building, Air District
- New requirements on development
- Helping people to enjoy the walk

Commissioners' Comments

- Commissioner Dodd asked if restaurants are contributors in any significant way to outdoor air pollution. Dr. Bhatia said they do have an impact, but it is not significant.
- Commissioner Watson asked how BAAQMD determines where to place the monitors. Dr. Bhatia said he does not quite understand their rationale for placing monitors, but in San Francisco it is placed near a freeway in an industrial area.
- Commissioner Guy said the Indirect Source rule was a regional effort, rather than a State effort.
- Commissioner Watson asked what particulates are produced by rendering plants. Dr. Bhatia said San Francisco has a recycling plant to reduce the amount of things that go to rendering plants.
- Commissioner Guy said they passed a rendering plant on their tour, and it can be unpleasant. Dr. Bhatia will look into this issue.
- Commissioner Monfredini is delighted with the presentation. Commissioners have all been involved with the Bayview Hunters Point project, and it is important to get everyone up to speed about overall air quality in San Francisco. As a realtor, the healthy homes standards for new construction are very interesting, but she does not know enough about them. Dr. Bhatia said we need a working group with representatives from Health, Planning and Building Departments that will develop a set of healthy home standards. DPH has much to bring to this, but more work is needed. There is a green building task force, but health is not represented on this task force, and we need to go beyond green building.
- Commissioner Dodd asked where the Department of the Environment and the Commission on the Environment intersect with this work. Dr. Bhatia said they work on a different set of strategies, i.e. existing housing standards, clean car purchasing and other things. DPH does partner with DOE on certain issues, and can try to partner more frequently. Commissioner Dodd is particularly concerned about diesel tour buses. Where do the Health Commission and Department connect with policies that the Board of Supervisors makes that might not be consistent with our direction? Dr. Bhatia said some policies bypass the Department. Commissioner Dodd said the City of Baltimore samples the dirt collected by street sweepers to see where the pollutants are coming from. Dr. Bhatia will look at this approach.
- Commissioner Watson asked what is going on with Parcel A, what lessons were learned for developing other parcels, and if we have thought about ways to regain trust in the community. A lot of building is being done in the South of Market and have we thought about monitoring this building. Dr. Bhatia said major grading is completed, although there is still utility work to be done. They are doing very little dust work. There is no plan right now to start development on any other parcel. The Navy continues to work on their own property that is not subject to either State or City regulations. Dr. Bhatia said learning was continuous. The California Department of Public Health provided six recommendations for better control of asbestos. They want DPH to hire a fulltime staff that is out there during all significant activities. They have a Parcel A website that includes all of the monitoring data. He will provide the Commission with a copy of the letter that states how the Department is responding to the recommendations. With regard to South of Market, development decisions are being made that put people into industrial areas, and this is challenging.
- Commissioner Illig is troubled by this report. We have high ratings of particulate matter and other things. This seems to be a citywide hazard and he is looking for guidance about what

recommendations the Health Department should bring to legislators. Dr. Bhatia said San Francisco does have cleaner air than many places. The difference in San Francisco is its density. Commissioner Illig asked if the Health Department has been asked to look at Supervisor McGoldrick's legislation to limit cars downtown. Dr. Bhatia said the Department has not been formally asked, but can provide input. This is a reflection of the need for institutional change where the Health Department is included in these types of planning efforts.

- Commissioner Sanchez asked if DPH only responds to complaints or if there is a protocol of regular site visits and inspections. Dr. Bhatia said the Air District regulates and permits new sources of stationary pollutants. However DPH responds to the complaints. DPH picked the set of priority issues to be more proactive on some of these problems. Commissioner Sanchez said a number of years ago there was concern about workers at jewelry workshops being exposed to major pollutants. Dr. Bhatia said DPH is preempted from occupational health. There are problems that stem from the fragmentation of oversight. That said, for Parcel A, DPH created the only local regulatory health oversight in the country in terms of environmental justice. We are doubling the efforts of the Air District and are holding the Air District accountable. Commissioner Sanchez said these situations crop up, the State and Feds refuse to get involved, and there has to be some quest for social justice within the context that we respond.
- Commissioner Chow is hoping that we will have a game plan in order to respond to this multi-pronged problem. We need an agenda and the Population Health and Prevention Joint Conference Committee should look at how we could best be part of the solution.
- Commissioner Guy said the Commission wants the environmental strategies to be at the governance level. Dr. Bhatia has brought a whole new vision to the Health Department around these challenges. What is our coherent, affirming strategy that is population based for our city? This will take work and collaboration, for example with the Department of the Environment. Dr. Bhatia will provide more detailed next steps. Commissioner Guy said PHP JCC would be happy to work with Environmental Health on the next steps. One of the lessons we are learning though Parcel A is that we do not want our environmental justice agenda to be solely Parcel A. She also made the point that environmental justice is central to land use.
- Commissioner Dodd pointed out that the first in the country lead abatement legislation was housed in the Health Department so we have a history of leadership on this. She requested a copy of Dr. John Balmes' letter regarding the dust a Parcel A, and she wants this letter to be part of the official record of the Parcel A remediation. In the context of our environmental agenda, she notes that San Francisco does not deal with trash incineration. That said, she would like San Francisco to be the pace setter for having green hospitals. She would like reports from the hospitals and clinics about how we do in terms of reducing waste, and how we are doing in reducing dangerous chemicals in cleaning solutions used by our employees. Lastly, DPH inspects restaurants and we might want to add a level of inspection and ask what environmental mitigations they implement in their restaurants.

## 6) PUBLIC COMMENT

None.

## 7) OTHER BUSINESS

None.

## 8) COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Illig and Ms. Seaton will represent the Health Commission at CPMC's Community Briefing on St. Luke's on October 4th.

Ms. O'Connell said when Avon's Community Advisory Committee was created, it was important to have a Health Commissioner on the committee. It has been five years and now the advisory committee is strong, well organized and is doing very well on its own, and a Health Commission representative is no longer needed.

Commissioner Chow attended the Hospital Council breakfast, allow with other Health Commissioners, and suggested that commissioners visit the website they have created. They are going to try an interactive up-to-date website where a number of data is available. If it works it will be remarkable interactive and give information down to the zip code level.

Commissioner Illig asked Ms. Seaton to send the Commissioners the link to the Hospital Council's new website, HealthMattersInSF.org.

Commissioner Dodd said the Hospital Council's website does not reflect any of the initiatives the Health Department has undertaken. She was offended that the Hospital Council did not include these initiatives.

Commissioner Guy said the assumptions on how the data will be collected and analyzed are all disease related. It is a good website based on its assumptions. In terms of public health, it has challenges.

Commissioner Chow said there is the opportunity for DPH staff to continue to develop the website. The Hospital has a template and there are opportunities for people to add and DPH staff is involved.

## 9) CLOSED SESSION

### A) Public Comments on All Matters Pertaining to the Closed Session

None.

### B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 5:25 p.m. Present in closed session were Commissioner Chow, Commissioner Dodd, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Commissioner Watson, Mitchell H. Katz, M.D., Health Director, Janie Richardson, Deputy City Attorney, Gene O'Connell, SFGHMC Executive Administrator, Elizabeth Jacobi, DPH Human Resources Director and Michele Seaton, Health Commission Executive Secretary.

### C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Action Taken: The Commission approved a Settlement in the Amount of $133,751.52, Victoria Sargent Grievance, Erd No. 81-06-1465

D) Reconvene in Open Session

The Commission reconvened in open session at 5:55 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission voted not to disclose discussions held in closed session.

## 10) ADJOURNMENT

The meeting was adjourned at 5:55 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Michele M. Seaton**
Executive Secretary

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# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, October 16, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

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***The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.***

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 2, 2007**
**Minutes of the meeting of October 2, 2007*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

For Approval

**(3.1) PHP-Community Health Programs /AB 75 Project** – Request to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) funds for Fiscal Year 2007-08 and authorizing submission to the Board of Supervisors of the City and County of San Francisco to certify the County Description of Proposed Expenditure of CHIP funds for the Fiscal Year 2007-08.
** Grant summary, Description of Proposed Expenditure*

**(3.2) PHP-CHP&P-Community Health Education Section** – Request for approval to accept and expend a grant from the Kids' Plates Program, a project of the San Diego State University Research Foundation, in the amount of $192,000, for the support of a 3-year project to improve child safety in San Francisco, for the period of October 1, 2007 through May 31, 2010.
** Grant summary, Grant information form*

**(3.3) DPH-Policy & Planning** – Request for approval to retroactively accept and expend funds from the Department of Health and Human Services, Public Health Service, for the project entitled Healthcare Facilities Partnership Program, in the amount of $787,659, for the period of September 1, 2007 through August 8, 2008.
** Grant summary, Grant information form*

**(3.4) CHN-SFGH** – Request for approval of a contract modification with the Regents of the University of California, San Francisco (UCSF), to extend the contract for three months through December 31, 2007, to provide Tertiary Care services targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County Jail patients, in the amount of $425,000, for the period of October 1, 2007 through December 31, 2007, for a total value of $2,550,000, for the period of July 1, 2006 through December, 31, 2007 (18 months).
** Contract summary*

**(3.5) AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive contract renewal with Catholic Health Care West–St. Mary's HIV Care Program, in the amount of $946,632, which includes a 12% contingency, to provide integrated HIV primary care services to individuals affected by HIV/AIDS, for the period of July 1, 2007 through December 31, 2009 (2 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.6) BHS** – Request for approval of a retroactive renewal contract with Lincoln Child Center, to provide intensive day treatment and medication support services, in the amount of $91,243 per year, for a total contract value of $459,865, which includes a 12% contingency, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary*

**(3.7) BHS** – Request for approval of a retroactive renewal contract with Catholic Charities CYO, in the amount of $198,619 per year, for a total contract amount of $1,001,040, which includes a 12% contingency, to provide supportive housing/mental health services to homeless residents of San Francisco, targeting children ages 0-5 and their immediate family members, and persons with disabling HIV/AIDS, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

For Discussion and Approval

**(3.8)** **BHS** – Request for approval of a retroactive contract renewal with Conard House, in the amount of $5,434,368 per year, for a total contract amount of $9,129,738, which includes a 12% contingency, to provide residential, outpatient, supportive services and vocational training and mental health services to adults, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).
** Contract summary, Monitoring report summaries, Plans of Correction, Client demographic information forms*

**(3.9)** **BHS** – Request for approval of retroactive contract renewal with Catholic Healthcare West-Saint Francis Memorial Hospital, in the amount of $2,016,000, which includes a 12% contingency, to provide 24-hour adult acute psychiatric inpatient hospital services, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.10)** **BHS** – Request for approval of a retroactive contract renewal with Homeless Prenatal Program, in the amount of $131,972 per year, for a total contract amount of $221,713, which includes a 12% contingency, to provide substance abuse outreach and case management services for indigent and homeless pregnant women with or without children, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).
** Contract summary, Monitoring report summary, Plan of Correction, Client demographic information forms*

**(3.11)** **BHS** – Request for approval of a retroactive new contract with Burt Center, Inc., in the amount of $147,000 per year, for a total contract amount of $411,600, which includes a 12% contingency, to provide Early and Periodic Screening, Diagnosis and Treatment mental health services programs for children ages 6-12, for the period of July 1, 2007 through December 31, 2009 (2.5 years).
** Contract summary, Client demographic information form*

**(3.12)** **BHS** – Request for approval of a retroactive contract renewal with Walden House, in the amount of $9,390,194 per year, for a total contract amount of $15,775,526, which includes a 12% contingency, to provide residential substance abuse and mental health services, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).
** Contract summary, Monitoring report summaries, Plans of Correction, Client demographic information forms*

**4)** **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

**5)** **EMPLOYEE RECOGNITION FOR THE MONTH OF OCTOBER**
**List of Nominees*

**6)** **FOR DISCUSSION:** **DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT**
(Anne Kronenberg, Deputy Director of Health)
**Report*

7) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION REGARDING PROPOSED AMENDMENT TO THE PLANNING CODE REGARDING INSTITUTIONAL MASTER PLANS**
**Resolution*

8) **PUBLIC COMMENT** **

9) **OTHER BUSINESS*****

10) **COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS**

11) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**APPROVAL OF A SETTLEMENT: TRUSTEES OF THE J. DAVID GLADSTONE INSTITUTES V. CCSF, SF SUPERIOR COURS NO. 460409 AND RELATED CROSS CLAIM**

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

12) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

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Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, October 16, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

## 1) CALL TO ORDER

President Monfredini called the meeting to order at 3:05 p.m.

Commissioner Monfredini called the meeting to order at 3:20 p.m.

Present:
Lee Ann Monfredini, President
David J. Sanchez, Jr., Ph.D., Vice President
Edward A. Chow, M.D.
Catherine Dodd, R.N., Ph.D.
Roma P. Guy, M.S.W.
James M. Illig

Absent: Commissioner Markus Watson, D.D.S.

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## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 2, 2007

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Monfredini, Sanchez) approved the minutes of the October 2, 2007 Health Commission meeting.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Dodd attended the Budget Committee meeting. Commissioner Watson was absent. The Committee requested that Item 3.3 be moved to the discussion section of the agenda.

For Approval

**(3.1) PHP-Community Health Programs /AB 75 Project** – Request to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) funds for Fiscal Year 2007-08 and authorizing submission to the Board of Supervisors of the City and County of San Francisco to certify the County Description of Proposed Expenditure of CHIP funds for the Fiscal Year 2007-08.

**(3.2) PHP-CHP&P-Community Health Education Section** – Request for approval to accept and expend a grant from the Kids' Plates Program, a project of the San Diego State University Research Foundation, in the amount of $192,000, for the support of a 3-year project to improve child safety in San Francisco, for the period of October 1, 2007 through May 31, 2010.

**(3.4) CHN-SFGH –** Request for approval of a contract modification with the Regents of the University of California, San Francisco (UCSF), to extend the contract for three months through December 31, 2007, to provide Tertiary Care services targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County Jail patients, in the amount of $425,000, for the period of October 1, 2007 through December 31, 2007, for a total value of $2,550,000, for the period of July 1, 2006 through December, 31, 2007 (18 months).

**(3.5) AIDS OFFICE-HIV Health Services –** Request for approval of a retroactive contract renewal with Catholic Health Care West–St. Mary's HIV Care Program, in the amount of $946,632, which includes a 12% contingency, to provide integrated HIV primary care services to individuals affected by HIV/AIDS, for the period of July 1, 2007 through December 31, 2009 (2 years).

**(3.6) BHS –** Request for approval of a retroactive renewal contract with Lincoln Child Center, to provide intensive day treatment and medication support services, in the amount of $91,243 per year, for a total contract value of $459,865, which includes a 12% contingency, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

**(3.7) BHS –** Request for approval of a retroactive renewal contract with Catholic Charities CYO, in the amount of $198,619 per year, for a total contract amount of $1,001,040, which includes a 12% contingency, to provide supportive housing/mental health services to homeless residents of San Francisco, targeting children ages 0-5 and their immediate family members, and persons with disabling HIV/AIDS, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

For Discussion and Approval

**(3.3) DPH-Policy & Planning –** Request for approval to retroactively accept and expend funds from the Department of Health and Human Services, Public Health Service, for the project entitled Healthcare Facilities Partnership Program, in the amount of $787,659, for the period of September 1, 2007 through August 8, 2008.

Commissioners' Comments

- Commissioner Dodd asked what the plans are for housing supplies and what affect will this have on future budgets. Rebekah Varela said the concept of the Hub program is having DPH facilities be a self-deployed community asset. The equipment for the hubs would be stored on site at the hub. The Office of Policy and Planning just got a full time position work ordered from the Department of Emergency Management to coordinate all of the equipment and other resources, doing inventory and maintenance planning, and other activities. Commissioner Dodd asked if how they will train 52 positions and if R.N.s are included in these positions. Ms. Varela said it is a broadly defined category that includes all types of personnel. They will contract with training providers to provide the training.

- Commissioner Chow commended the fact that the Department has been funded for a program that recognizes, for the first time since 1989, that communities need to have programs supported by the city, rather than saying that communities are on their own for the first 72 hours after an emergency. Commissioner Chow applauded all involved in getting this grant—San Francisco is one of only 11 jurisdictions in the country to receive this grant.

**(3.8) BHS** – Request for approval of a retroactive contract renewal with Conard House, in the amount of $5,434,368 per year, for a total contract amount of $9,129,738, which includes a 12% contingency, to provide residential, outpatient, supportive services and vocational training and mental health services to adults, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

Commissioners' Comments

- Commissioner Chow asked if the 1.74 FTE increase is function of a cost of doing business. Richard Heasley, Executive Director of Conard House, said this is due to positions that were once independent contractors now being on staff. They were present last year but in a different line item last year. The $220,000 is purely for the cost of the master lease.

- Commissioner Dodd asked why Objective 1 is being changed when Conard House achieved the outcome. Stephen Banuelos, CBHS, said the objective is being changed to apply to all supportive housing clients. The increased percentage acknowledges that the objective is being applied more broadly.

**(3.9) BHS** – Request for approval of retroactive contract renewal with Catholic Healthcare West-Saint Francis Memorial Hospital, in the amount of $2,016,000, which includes a 12% contingency, to provide 24-hour adult acute psychiatric inpatient hospital services, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

Commissioners' Comments

- Commissioner Sanchez noted that the contract documents list the previous CEO, and it is important that documents have updated staff and Board information. Commissioner Sanchez noted that St. Francis' board has a lot of medical staff, and asked why its composition is different from that of St. Mary's Board. Abby Yant, St. Francis Memorial Hospital, said Thomas Hennessey is the St. Francis CEO. St. Francis is one of nine CHW affiliates that retains its own fiduciary board, which requires 50 percent plus one medical staff. St. Mary's is owned outright by CHW, and its board does not have any fiduciary responsibility.

- Commissioner Chow asked if this contract is only for non-MediCal patients. Ms. Yant said this contract is just for the uninsured. The MediCal patients go there as well, but not under this contract.

- Commissioner Dodd asked if any other hospitals have contracts like this. Liz Gray, DPH Director of Long Term Care, said no. Commissioner Dodd thanked St. Francis for providing this service.

**(3.10) BHS** – Request for approval of a retroactive contract renewal with Homeless Prenatal Program, in the amount of $131,972 per year, for a total contract amount of $221,713, which includes a 12% contingency, to provide substance abuse outreach and case management services for indigent and homeless pregnant women with or without children, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

Commissioners' Comments

- Commissioner Dodd asked if the low score for client satisfaction survey is due to the low return rate. Ms. Ryan, Executive Director of the Homeless Prenatal Program, said the return rate was the biggest problem with client satisfaction. They will put the surveys and the survey return box in a more accessible place next year in order to increase the return rate.

**(3.11) BHS** – Request for approval of a retroactive new contract with Burt Center, Inc., in the amount of $147,000 per year, for a total contract amount of $411,600, which includes a 12% contingency, to provide Early and Periodic Screening, Diagnosis and Treatment mental health services programs for children ages 6-12, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

Commissioners' Comments

- Commissioner Sanchez acknowledged the Burt Center for the work it does with children.

**(3.12) BHS** – Request for approval of a retroactive contract renewal with Walden House, in the amount of $9,390,194 per year, for a total contract amount of $15,775,526, which includes a 12% contingency, to provide residential substance abuse and mental health services, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

Commissioners' Comments

- Commissioner Chow asked for more detail about the new focus for adolescent residential treatment. The Operations Director for Walden House said Walden had been carrying the adolescent program for two decades without sufficient State support and were faced with the decision to close it. At that point the Health Department stepped in to help save this valuable resource. So they closed the program and reopened it with the DPH support. This program is solely focused on San Francisco youth at this time. It is a comprehensive co-occurring behavior disorder treatment program. Walden House received a SAMHSA grant to do follow up for youth who leave the residential program. They have the capacity to serve 55 kids, but there are actually budgeting projections based on 30 youth on average. Commissioner Chow said it is his understanding that Walden House has performed well fiscally over the last year. Gregg Sass said that Walden House has stabilized its financial position, and had a sound financial audit last year. Revenues are covering their expenses, and believe that their audit ending June 30, 2007 will show a small surplus.

- Commissioner Sanchez commended the agency and also the Health Department for identifying a valuable resource and working to save it.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Monfredini, Sanchez) approved the Budget Committee Consent Calendar. Commissioner Dodd abstained from Item 3.10, as she is a member of the Homeless Perinatal Program's Board of Directors.

## 4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Health Director, presented the Director's Report.

SB306 Extends Seismic Safety Requirements
Last week Governor Arnold Schwarzenegger signed into law Senate Bill 306, which amends the Alfred E. Alquist Seismic Safety Act to permit hospitals to extend the compliance deadline to January 1, 2020 to replace all buildings that are subject to the Act. Hospitals seeking to extend their replacement deadline to 2020 would be required to demonstrate that their financial condition does not allow them to meet the 2013 retrofit deadline. In addition, the bill is narrowly written to only include SPC-1 hospital facilities that are essential providers in underserved communities. Although we are grateful for this extension, this Department will continue to move toward our goal of completing the SFGH rebuild by 2015.

AB 682
Governor Arnold Schwarzenegger signed into law AB 682, eliminating the requirement for written informed consent for HIV testing conducted by medical providers. The bill requires providers to inform patients that the test is planned, provide information about the test, and advise patients that they have the right to decline the test. This "opt out" approach is expected to increase HIV testing and the detection of HIV among the 40,000 Californians who are unaware they are HIV positive. Data from the San Francisco Department of Public Health, published in the Journal of the American Medical Association, provided strong scientific evidence in support of the bill: elimination the written informed consent requirement increased HIV testing by 33%, and the mean number of HIV positive tests per month increased from 20.6 to 30.6. It is estimated that as many as 2,000 San Franciscans are unaware of their HIV infection. Linking newly diagnosed persons to care, and reducing their risk behavior remains a priority of the Department. AIDS Office staff are working in collaboration with providers throughout the city in implementing the "opt out" testing approach in a variety of medical settings.

SFGH Joint Commission Announced Survey
The Joint Commission (previously known as JCAHO) will be conducting an announced survey and performance review October 22 – 26, 2007 at San Francisco General Hospital. The hospital chose to fulfill the Joint Commission's self review requirement by selecting the option that includes a consultative, fully-announced survey. During this survey, the Joint Commission surveyors will assess the hospital against all applicable standards that comprise the full hospital accreditation and provide a written report with their findings. This full survey will help the hospital prepare for our 2008 *unannounced* accreditation survey. In the past, we have hired outside consultants to assist with Joint Commission preparation. However, it was determined that using the Joint Commission directly for this consultative service would greatly enhance our preparatory activities.

### Department Wins Two-Year Grant for Child Vehicle Safety

The Community Health Education Section has received a new two-year grant of $387,557 from the California Office of Traffic Safety (OTS) for the San Francisco Child Safety and Occupant Protection Project. The goal of the project is to reduce injuries to children in auto collisions by establishing a collaborative effort with DPH Primary Care, Maternal Child and Adolescent Health, Labor & Delivery sites, and other community agencies, to reach mothers and families with child occupant safety messages. Deliverables include training, car seat information and safety seat inspections.

A similar grant for 2005 – 2007 will be completed in December. Under that grant 1,309 Child Safety Seats have been distributed and properly fitted, 88 public educational presentations were delivered, and 28 trainees participated in Certified Technician trainings to assist families to properly install child safety seats and use them correctly.

### Shape Up San Francisco Updates

Kaiser Permanente awarded a two year grant for $150,000 to the Department of Public Health to continue the *Shape Up BVHP* project. *Shape Up BVHP* works with Bret Harte Elementary and Double Rock Garden/Girls 2000 to incorporate garden education into the students' curriculum. The goal is to support healthy eating and more physical activity through the garden. Quesada Gardens Initiative will also launch a small community garden on Third Street in an effort to create a safer environment for would be walkers, joggers and others in the community. Kaiser Permanente also awarded $50,000 to San Francisco State's Center for Health Equity to conduct an evaluation of the *Shape Up BVHP* project.

### Shape Up Walking Challenge

On October 3, Mayor Gavin Newsom launched the Second Annual *Shape Up Walking Challenge* at Justin Herman Plaza and led a walk down the Embarcadero Promenade. Hundreds of people learned about the Walking Challenge and have since signed on. Staff from DPH are forming teams and we anticipate a good turnout for this season's Challenge. Commissioners welcome. Please contact Christine Carpenter for more information or go to www.shapeupsfwalkingchallenge.org.

### Stadium to Stadium

Sunday's Annual *Stadium 2 Stadium* run brought out hundreds of runners and walkers, who made the 10K distance from Pac Bell Park to Monster Stadium. Participants finished on the football field and then came out to the health fair where the Department of Public Health was well represented by Maternal Child and Adolescent Health, Southeast Health Center, Child Passenger Safety, Shape Up SF, Asthma Clinic and other programs of interest.

### Websites Moratorium

As the Commissioners know, the Department put a team together to design a new look to our website. Ms. Kronenberg and the design team gave a presentation to the Health Commission several weeks ago and at that time, we anticipated having the new website launched within a very short time. I am pleased to report that we will be launching the new website as soon as some of the technical details are completed. In order for us to launch the new website, we are instituting a 60-day moratorium on updating the website, both the public site and the DPHnet, except for what is required by the Sunshine Ordinance such as the meetings and activities of the Health Commission.

This two month moratorium will allow staff time to convert the 5000+ pages on the current website over to the new website address. This, as you can imagine, is an enormous task. We hope it won't take the full 60 days, but that is the estimated amount of time we need to assure a smooth and seamless transition into the new website launch. We have sent out a special Fast Facts from my office to inform all of our staff. I will update the Commissioners as soon as we are ready to move to the new website which I believe better reflects the dynamic nature of this Department as the premiere health department in the nation.

SFGH & Gene Marie O'Connell in Health Executive Magazine

Congratulations to SFGH and CEO Gene Marie O'Connell for headlining this month's "Corporate Spotlight" column in *Health Executive Magazine*. The article captures many of the challenges of running a large urban medical center and highlights the extraordinary creativity and commitment Ms. O'Connell and her staff bring to the task. I am attaching a copy of the article. It is also available on line at www.healthexecutive.com.

Community Health Network, San Francisco General Hospital, October 2007 Credentials Report

| | 10/07 | 10/07 to 07/08 |
|---|---|---|
| New Appointments | 32 | 119 |
| Reinstatements | 0 | 0 |
| Reappointments | 41 | 182 |
| Delinquencies: | 0 | 0 |
| Reappointment Denials: | 0 | 0 |
| Resigned/Retired: | 14 | 60 |
| Disciplinary Actions | 0 | 0 |
| Restriction/Limitation-Privileges | 0 | 0 |
| Deceased | 1 | 1 |
| Changes in Privileges | | |
| Additions | 6 | 20 |
| Voluntary Relinquishments | 8 | 17 |
| Proctorship Completed | 2 | 20 |
| Proctorship Extension | 0 | 0 |
| Current Statistics – as of 10/1/07 | | |
| Active Staff | 517 | |
| Courtesy Staff | 571 | |
| Affiliate Professionals (non-physicians) | 211 | |
| TOTAL MEMBERS | 1,299 | |
| Applications In Process | 25 | |
| Applications Withdrawn Month of October 2007 | 1 | 1 (10/07 to 07/08) |
| SFGH Reappointments in Process Nov. 2007 to Feb. 2008 | 216 | |

Community Health Network, Laguna Honda Hospital and Rehabilitation Center, October 2007 Credentials Report

| | 09/07 | 09/07 to 07/08 |
|---|---|---|
| New Appointments | 1 | 1 |
| Reinstatements | 0 | 0 |
| Reappointments | 6 | 6 |
| Delinquencies: | 0 | 0 |
| Reappointment Denials: | 0 | 0 |
| Resigned/Retired: | 0 | 0 |
| Disciplinary Actions | 0 | 0 |
| Current Statistics – as of 09/1/07 | | |
| Active Staff | | |
| Daytime Staff | 40 | |
| Consultant Staff | 33 | |
| Night/Weekend Staff | 24 | |
| Affiliate Professionals (non-physicians) | 1 | |
| TOTAL MEMBERS | 98 | |

Commissioners' Comments

- Commissioner Monfredini asked Ms. O'Connell to describe the announced survey in more detail. The SFGH JCC was updated about this, but she did not think it was happening so soon. Ms. O'Connell said hospitals can opt into having an announced survey where the Joint Commission goes through the performance review with the hospital and provides some consultation services. This will prepare the hospital for the unannounced Joint Commission survey.

- Commissioner Dodd asked about the harm reduction symposium on safe injection sites. Ms. Garcia said this has been driven by community advocates. This is the beginning of a dialogue. The Department does not have a position on the concept. These kinds of forums bring out a lot of other ideas, so they can be useful.

- Commissioner Monfredini said it is great to have the discussion, but if the Health Department is in the news in such a way, it would be great if the Health Commission could be informed. Ms. Garcia said they will incorporate these updates into the Joint Conference Committees.

- Commissioner Guy said having a safe injection site will be a controversial proposal and even though what is happening now is a community forum, it is still a big deal in the community.

- Commissioner Dodd added that Governor Schwarzenegger also signed the toxic toy law, AB 1108, which was sponsored by Fiona Ma. San Francisco has taken the lead in the issue of safe toys for children.

- Commissioner Guy noted that San Francisco is a leader is providing health access to people, and we were hoping that the State would help out but that did not happen. AB 8 was passed by the legislature but not signed by the governor, who said the compromise would not cover enough people. There is other legislation that would cover everybody, but this was not signed off on the previous year. So next year we are going to have to try to see if we can cover everybody, and San Francisco needs to be a player in the State's efforts to cover everybody. Dr. Katz said the Office of Policy and Planning is preparing and will present a comprehensive report on State and Federal legislation, which will include these bills.

- Commissioner Illig asked Dr. Katz for an update on Buster's Place. Ms. Garcia said Buster's Place is in its current location, and DPH, HAFC and the landlord are in negotiations. They currently have a month-to-month lease.

- Commissioner Chow asked how AB 306 would impact San Francisco's rebuild plans, and how counties' financial conditions will be determined. Dr. Katz said San Francisco is moving forward with the rebuild, as $25 million will have been spent on planning the new hospital. The question about how financial conditions will be evaluated is an interesting question.

- Commissioner Guy asked if the Health Commission needs to vote on this bill. Dr. Katz said no, it is not necessary. Commissioner Guy said there is a direct correlation between car seats and child safety, and she asked if this grant includes giving out car seats. Ms. Kronenberg said it does.

## 5) EMPLOYEE RECOGNITION FOR THE MONTH OF OCTOBER

Commissioner Illig presented the employee recognition award for the month of October. Julie Graham, one of the recipients, was unable to attend the meeting, and will receive her award at the November 13th Health Commission meeting.

| **Individual Award** | **Division** | **Nominated By** |
|---|---|---|
| Tracey Packer<br>Senior Health Educator | HIV Prevention Section | Staff of HIV Prevention Section |

## 6) DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT

Anne Kronenberg, Deputy Director of Health, presented the Fiscal Year 2006-2007 Annual Report. The report is broken into the following sections: Inside the Department; Who We Serve; Stars and DPH Firsts; The Strategic Plan; Healthy San Francisco; Strategic Plan Goals; and Budget. Ms. Kronenberg provided highlights of each of the sections. For each of the Strategic Plan goals, Ms. Kronenberg highlighted specific programs that advance the goals, including:

Goal 1: Project Homeless Connect in Bayview Hunters Point and the New Medical Respite Program
Goal 2: Asian Pacific Islanders Hep B Free Campaign, Adult Immunization Clinic Voted Best Place to Get Shots, Eastern Neighborhoods Community Impact Assessment and continued progress toward readiness.

Goal 3: Human Resources web-based information management system, Laguna Honda rebidding initiative, SFGH rebuild planning, LHH Replacement Projects, Primary Care Center retrofits and Community Behavioral Health Services Billing.

Goal 4: The SevenPrinciples Project and the Charles Schwab Infectious Disease Drill.

Commissioners' Comments

- Commissioner Monfredini is always amazed by the number of people the Health Department serves and how many services we provide. The report does a great job of describing the breadth of services.

- Commissioner Dodd commended the report, and suggested that next year the report might acknowledge the breadth of services that DPH funds through its contractors—primary care visits, case management, and other services. As we begin to do an assessment of the needs for the health and well being of San Franciscans, perhaps we can breakdown the bed days by zip code so we can get a sense of where people are receiving services, what their diagnoses are and other data. This is a lot of data but the Health Commission is charged with comprehensive health care planning and the annual report can serve as one of the planning documents. Ms. Kronenberg said some of this data is available, and is presented in other reports. Commissioner Dodd would like the report to reflect what DPH pays for.

- Commissioner Guy said that Commissioner Dodd's request raises the question about what the scope of the Annual Report should be and what purpose does it serve. We tried to expand the scope and include the Strategic Plan in the past, and this did not work. Ms. Kronenberg said that the Annual Report is a static look at the Health Department. Mr. Sass added that the Lewin Group is looking at citywide data and this report, which will be presented at a future Health Commission meeting, will include some of what Commissioner Dodd is asking for.

- Commissioner Illig liked the section on Stars and Firsts, and appreciates the report. Some of the statistics that are noted in the report include agency-provided services. We have no way of knowing the number of unduplicated clients that are served in DPH because each division keeps its own records. He hopes that the new IT system will allow us to have a single count.

- Commissioner Chow said the report continues to improve, and he appreciates the appendix listing all of the excellent reports that the Department has done during the year. He urges the continuation of reporting on cultural competency. This year the Department developed best practices. Next year we will be able to highlight things that the Cultural Competency Task Force is working on both with staff and contractors that further the evolution of cultural competency.

- Commissioner Monfredini said the Health Commission agreed at its retreat to send the annual report over to the Mayor's Office with a transmittal letter from the Health Commission.

- Commissioner Guy said this is a wonderful report, and a very good read. The work of the Department is honored and respected. This is a very useful document for our audiences, including the Mayor and Board of Supervisors. The report gives an important framework. She supports Commissioner Chow's comments about cultural competency. The Department is doing transformative things in this area, and hopefully this could be highlighted as a theme in next year's report.

- Commissioner Sanchez appreciates the report, particularly the inclusion of the human variable in the report. A letter from the Health Commission to the Mayor and the Board of Supervisors will reinforce the Commission's support for the report.

- Commissioner Dodd said when you read the report, you cannot help but be proud to be associated with the Health Department and all the good work that it does. She hopes this is reflected in the letter to the Mayor and Board of Supervisors. The Health Department gets a lot of positive press coverage, which provides a historical reference. It would be nice for the report or the City's website to include links to the various news stories.

- Commissioner Chow said it would also be nice to have a list of all the scientific articles that DPH staff publishes.

- Commissioner Monfredini said she scheduled her flu shot on the City's online system. It worked wonderfully.

- Commissioner Guy said she contacted the Health Plan to get information about how to enroll in Healthy San Francisco. The person she spoke with was very helpful.

## 7) CONSIDERATION OF A RESOLUTION REGARDING PROPOSED AMENDMENT TO THE PLANNING CODE REGARDING INSTITUTIONAL MASTER PLANS

Dr. Katz presented a resolution regarding proposed amendments to the Planning Code regarding Institutional Master Plans. This resolution came about as an emerging issue. In summary, Supervisor Maxwell introduced legislation that requires that a health planner, retained by DPH, reviews and analyzes hospital institutional master plans that are required by and submitted to the Planning Department. Supervisor Maxwell worked with City Attorney and the Planning Department to draft her legislation. The Planning Commission approved it at its meeting last week. It now goes to the Board of Supervisors, who can change it in any way they wish. The Health Commission and Health Department are welcome to give input, but input will not necessarily be taken. The author's office communicated to him that she recommends that the Health Commission should adopt, within its own rules, whatever process the Health Commission thinks would be best to facilitate the legislation. Commissioners have talked about the importance of Commission input and a Commission hearing. This can all be done through Health Commission policy. Commissioners should feel empowered to make policy and administrative rules around this process, in addition to lobbying for changes to the Planning Code.

Public Comment

Jason Fried, SEIU, UHW, said they support Supervisor Maxwell's ordinance and support efforts to make sure the Health Commission is appropriately involved in providing input to the Planning Commission. They are concerned that the legislation exempts facilities less than 50,000 square feet. The union also agrees that outpatient facilities of significant size be included in the legislation. That said, they do not think the ordinance goes far enough. He submitted a copy of his written testimony.

Ron Smith, Hospital Council, said the Council is opposed to Supervisor Maxwell's ordinance, but he would like to talk about communication and dialogue. They only saw the amendments to the legislation two weeks ago, yet Supervisor Maxwell said she has been working with the Health Department for three months. They want to have a productive dialogue about health needs and what the City wants hospitals to look like.

Abby Yant, Catholic Health Care West, said they support the idea about discussing the health care needs in San Francisco so that there can be planning around targeted services in areas that have need. They are concerned about the way the legislation is written. It will drive up costs for her institution, which is always struggling to do things to better serve the community. They do not support the resolution as it is currently written. They do support the health planning piece.

Commissioners' Comments

- Commissioner Monfredini asked if the Health Department has been working with Supervisor Maxwell for three months. Dr. Katz said supervisors can introduce whatever they want and ask whoever they want for input, and then accept whatever input they want. The Health Department does not need to be consulted. He has been periodically asked his opinion about portions of the legislation, and he has offered his opinion. What is important in terms of the public process is that any group could have requested a meeting with the Supervisor since the time she introduced the legislation, which was three months ago.

- Commissioner Illig attended the Planning Commission meeting and read from the Commission's resolution, but did not say that the Health Commission had already made its decision.

- Commissioner Dodd said she was told that the legislation, as drafted, would have prevented St. Francis from renovating its emergency department. Ms. Yant said the additional process would slow down such projects and increase costs. To have parallel systems—State and local—would be very cumbersome. Further, hospitals have to be able to operate flexibly on a daily basis and the legislation might require a report every time a staffing change is made.

- Commissioner Guy is looking for something strategic that is in the public interest that we can either administratively develop for the Health Commission and/or lobby the Board for amendments to the Planning Code.

- Commissioner Dodd believes that the goal is to create the maximum amount of public input into this process, and this effort is in keeping with the direction of the connection between health and land use. She cannot underscore the importance of including outpatient facilities into the legislation as health care systems are moving in the direction of outpatient care. It is important to let the Board of Supervisors know that the Health Department did not work formally in drafting this legislation. She asked if the Hospital Council took a formal position and whether or not Laguna Honda or San Francisco General Hospital were part of the vote. Ms. O'Connell said she and Mr. Kanaley stayed neutral on this issue.

- Commissioner Guy asked Ron Smith to share his specific concerns about the legislation, and whether or not there is common ground. Mr. Smith said one concern is the ability of the health planner to be objective and not advance Health Department agenda. They have a number of technical concerns, for example every time hospitals have a staffing change they are required to report to the Planning Commission. One suggestion is having the Hospital

Council hire a planner and get involved early in the process, before an Institutional Master Plan is submitted.

- Commissioner Illig said the issue of IMPs was added to the planning code in the 1970s. The only thing that is changing is replacing the now defunct Westbay Health Agency with the Department of Public Health. The concerns expressed by the Hospital Council are already required by law. This only adds a health care analysis. Dr. Katz said Commissioner Illig's comments are on the mark. Most of what is here has already existed but has not been followed. Part of why this came up now is because so many hospitals are thinking about rebuilding. In a previous hearing, Dr. Katz testified that if the Planning Code requires consideration of things like shade and noise, why doesn't it include health impacts. People want health information as part of the record and this is the spirit of the legislation.

- Commissioner Monfredini is torn about this legislation. She knows that hospitals can struggle on a daily basis to stay afloat, but at the same time there are gaps in health care services in San Francisco.

- Commissioner Dodd said all of the stakeholders in San Francisco need to look at the long-term health needs of the city. We have never engaged in health planning. Because health care, particularly hospitals, are so focused on cost, this forces us to look at the market share of hospital beds and market-based decisions. The Health Commission is not about the market. We are about ensuring access to health care for all San Franciscans. It is unfortunate that hospitals are making their decisions based on the market and not the needs of San Franciscans. What this process does is shed light on how hospitals make decisions. By adding the public debate to this decision making process, the Health Commission is made part of this process.

- Commissioner Monfredini supports the goal but there is no way we can tell people who do business that they need to continue to lose money because we need the beds. She is wondering where we draw the line between asking people to be good neighbors and forcing them to lose money year after year.

- Commissioner Guy said the analysis the Health Department would bring is similar to that done via Proposition Q, which has been successful in adding information into the public domain. The market forces are pushing health care into the public domain even when the market forces do not want this to be true. All of the non-profit tertiary care systems depend on the public dollar to survive, and this is only going to get truer. In looking at this, we need to see this in terms of the 21st Century, and we should insist on working with the Board of Supervisors. Land use and health care have to come together in the 21st century. We need state what we think is good land use health planning. Mr. Smith asked for the consideration of a continuance.

- Commissioner Dodd said she would like the Health Commission to at least adopt a statement that they could formally present to the Board of Supervisors.

- Commissioner Illig said we could adopt the resolution and still dialogue with the Hospital Council.

- Commissioner Chow said that there is no system for having comprehensive conversations around health planning.

- Commissioner Dodd proposed amendments to the resolution that was distributed in advance of the meeting:
  - Added "And Approving a Health Commission Policy Regarding Health Department Analyses of Institutional Master Plans" to the title;
  - Changed the first Whereas to the following: WHEREAS, the planning functions of the Health Services Agency no longer exist; and
  - Changed the second bullet of the first Resolved Clause to the following: Reduce the square footage that would trigger an abbreviated Institutional Master Plan requirement from 50,000 square feet to 25,000 square feet and a complete Institutional Master Plan at 50,000 square feet rather than 100,000 square feet in the C3 district;
  - Added a further resolved: FURTHER RESOLVED, that it is the policy of the Health Commission that Health Department analyses of Institutional Master Plans be presented to the Health Commission for consideration and recommendation prior to being submitted to the Planning Department and the Planning Commission.

- Commissioner Dodd said the Hospital Council raised legitimate issues about the vagueness of the legislation and it is important that, somewhere in the legislative intent, that the Board be clear that we are talking about major changes.

- Commissioner Guy agrees with Commissioner Chow that there is no system for having these conversations, and she would like to have this be a starting point for discussions

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Monfredini, Sanchez) approved the Resolution 13-07, "Supporting Proposed Changes to the Institutional Master Plan Review Process and Approving a Health Commission Policy Regarding Health Department Analyses of Institutional Master Plans," (Attachment A) with the amendments proposed by Commissioner Dodd.

## 8) PUBLIC COMMENT

None.

## 9) OTHER BUSINESS

None.

## 10) COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Illig introduced his sister Denise from Erie Pennsylvania. The Health Commission is delighted she is here. Commissioner Illig will be attending the LHH assisted living feasibility study community meeting and the exhibit at Laguna Honda.

Commissioner Dodd will attend the Police Commission meeting regarding the Police Department's proposal about dealing with people with limited English proficiency.

Commissioner Guy said the PHP JCC minutes reflect that after a good decade of planning San Francisco is now serving healthy food in middle schools. There are some new website reports commissioners should check out.

Commissioner Monfredini announced that the January 1, 2008 Health Commission meeting will be rescheduled to January 29, 2008.

## 11) ADJOURNMENT

The meeting was adjourned at 6:15.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

**City and County of San Francisco**
**HEALTH COMMISSION**
**Department of Public Health**
**101 Grove Street, Room #311**
**San Francisco, CA 94102**

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Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Michele M. Seaton**
Executive Secretary

**Tel. (415) 554-2666**
**FAX (415) 554-2665**

**Web Site:** http://www.sfdph.org

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special
hearing

## NOTICE OF SPECIAL HEARING

## HEATLH COMMISSION

Tuesday, November 6, 2007
Time Specific: 3:30 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102

Public Hearing in accordance with the Health Care Planning Ordinance (Proposition Q, 1988) to consider the impact of the following changes on health care services of the community at St. Francis Memorial Hospital.

**Closure of the Saint Francis Memorial Hospital hospital-based skilled nursing unit.**

Persons unable to attend this public hearing may submit written comments to the Health Commission, President Lee Ann Monfredini, 101 Grove Street, Room 311, San Francisco, CA 94102

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# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, November 6, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

***The Budget Committee of the Commission will consider the consent calendar on this agenda at 1:30 p.m. at 101 Grove.** The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.*

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 16, 2007**
**Minutes of the meeting of October 16, 2007*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

For Approval

**(3.1) AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $171,571, which includes a 12% contingency, to provide HIV integrated case management services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.2) AIDS OFFICE-HIV Prevention** – Request for approval of a contract modification with PHFE Management Solutions, to add $85,512, for a new total of $516,536, which includes a 12% contingency, to provide fiscal intermediary services to support Rapid Testing Algorithm Study and HIV Prevention Program services, for the period of September 30, 2006 through September 29, 2008 (2 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.3) AIDS OFFICE-HIV Epidemiology** – Request for approval of a contract modification with PHFE Management Solutions, to add $69,357, for a new total of $683,723, which includes a 12% contingency, to provide fiscal intermediary support for the HIV Serosorting Program, for the period of January 1, 2007 through December 31, 2010 (4 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.4) AIDS OFFICE-HIV Epidemiology** – Request for approval of a modification to FY 07/08 of a multi-year contract with PHFE Management Solutions, to add $145,082, for a new total of $881,340, to provide fiscal intermediary support for the HIV/AIDS Statistics & Epidemiology Section-Morbidity & Risk Behaviors Surveillance Project, for the period of September 1, 2004 through May 31, 2008 (3.9 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.5) PHP-HUH** – Request for approval of a retroactive contract renewal with Lutheran Social Services, in the amount of $260,972, which includes a 12% contingency, to provide supportive services and case management to residents of the Hazel Betsey site, for the period of March 1, 2007 to June 30, 2009 (2 yrs, 4 months).
** Contract summary, Monitoring report summary and Response, Client demographic information form*

**(3.6) PHP-HUH** – Request for approval of a retroactive contract renewal with Black Coalition on AIDS, in the amount of $875,762, which includes a 12% contingency, to provide support services, case management and groups at the Brandy Moore House, a transitional housing program, for the period of Mary 1, 2007 through June 30, 2009 (2 yrs, 4 months).
** Contract summary, Monitoring report summary and Response, Client demographic information form*

**(3.7) PHP-HUH** – Request for approval of a retroactive contract renewal with Ark of Refuge, Inc., in the amount of $784,230, which includes a 12% contingency, to provide residential substance abuse treatment at Restoration House for HIV-positive women and transgender women of color, for the period of March 1, 2007 through June 30, 2009 (2 yrs, 4 months).
** Contract summary, Monitoring report summary and Response, Client demographic information forms*

**(3.8) CHN-Primary Care** – Request for approval of a contract modification with the San Francisco Community Clinic Consortium, in the amount of $40,320, for a total contract amount of $105,840, which includes a 12% contingency, to access Americorp Interns, for the period of July 1, 2005 through June 30, 2008 (3 years).
** Contract summary, Monitoring report summary*

**(3.9) BHS** – Request for approval of a retroactive contract renewal with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc., in the amount of $963,572 per year, for a total contract amount of $4,856,403, which includes 12% contingency, to provide substance abuse services, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

**(3.10) BHS** – Request for approval of retroactive contract renewal with the Edgewood Center for Children and Families, in the amount of $3,932,327 per year, for a total contract amount of $11,010,516, which includes a 12% contingency, to provide children and families mental health services, for the period of July 1, 2007 through December 31, 2009 (2.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

**(3.11) BHS** – Request for approval of a retroactive contract renewal with The Janet Pomeroy Center (formerly Recreation Center for the Handicapped), in the amount of $94,508 per year, for a total contract amount of $478,320, which includes a 12% contingency, to provide behavioral day treatment services for dually diagnosed, mentally ill and developmentally challenged clients, for the period of July 1, 2007 through December 31, 2011 (4.5 years)
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.12) BHS** – Request for approval of a retroactive contract renewal with Occupational Therapy Training Program-Special Services for Groups, in the amount of $69,500 per year, for a total contract amount of $116,760, which includes a 12% contingency, to provide occupational therapy assessment and social skills training services for youth through the Family Mosaic Project, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Summary of commendations, issues & recommendations, Client demographic information form*

**(3.13) BHS** – Request for approval of a retroactive contract renewal with RISE Institute, in the amount of $166,000 per year, for a total contract amount of $278,880, which includes a 12% contingency, to provide an after school program through the Family Mosaic Project, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Summary of commendations, issues & recommendations, Client demographic information form*

**(3.14) BHS** – Request for approval of a retroactive contact renewal with Brainstorm Tutoring, in the amount of $100,000 per year, for a total contract amount of $168,000, which includes a 12% contingency, to provide tutoring and education counseling services through the Family Mosaic Project, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Summary of commendations, issues & recommendations, Client demographic information form*

**(3.15) BHS** – Request for approval of retroactive renewal contract with the Youth Leadership Institute, in the amount of $265,021 per year, for a total contract value of $1,335,705, which

includes a 12% contingency, to provide substance abuse services targeting teenagers and young adults, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.16) PHP-STD Prevention and Control** – Request for approval to accept and expend retroactively a new 15-month grant from the California HIV/AIDS Research Program, in the amount of $213,498, for the San Francisco Department of Public Health, STD Prevention and Control Services Section to perform "Acute HIV Infection Detection in San Francisco and San Mateo", for the period of 10/1/07 through 12/31/08.
**Grant summary, Grant information form, Budget justification*

**(3.17) BHS-Grants, Research, Evaluation and Development Unit** – Request for approval to accept and expend retroactively a Targeted Capacity Expansion grant from the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment, in the amount of $397,919, to expand the City's treatment capacity for the Transgender population in San Francisco, for the period of September 30, 2007 through September 29, 2008, and a subcontract with Asian & Pacific Islander Wellness Center for $318,619, for the same time period.
**Grant summary, Grant information form, Budget justification*

For Discussion and Approval

**(3.18) PHP-HUH** – Request for approval of a retroactive contract renewal with Catholic Charities CYO, in the amount of $2,233,071, which includes a 12% contingency, to provide partial rent subsidy and housing advocacy services through the Assisted Housing Program, for the period of March 1, 2007 through June 30, 2009 (2 yrs, 4 months).
** Contract summary, Monitoring report summary and Response, Client demographic information form*

**(3.19) PHP-HUH** – Request for approval of a retroactive contract renewal with Catholic Charities CYO, in the amount of $923,965, which includes a 12% contingency, to provide supportive services at the Derek Silva Community, a supportive housing site, for the period of March 1, 2007 through June 30, 2009 (2 yrs, 4 months).
** Contract summary, Monitoring report summary and Response, Client demographic information form*

**(3.20) PHP-HUH** – Request for approval of a retroactive contract renewal with Larkin Street Youth Services, in the amount of $1,667,182, which includes a 12% contingency, to provide comprehensive housing, attendant care services and housing for at-risk young adults 18 to 25, for the period of March 1, 2007 through June 30, 2009 (2 yrs, 4 months).
** Contract summary, Monitoring report summary and Response, Client demographic information forms*

**(3.21) PHP-HUH** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $3,070,212, which includes a 12% contingency, to provide residential treatment, supportive services, continuing care services and rental subsidies for persons with HIV/AIDS, substance use and mental health issues, for the period of March 1, 2007 through June 30, 2009 (2 yrs, 4 months).
** Contract summary, Monitoring report summary and Response, Client demographic information forms*

**(3.22) PHP-HUH** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $1,683,046, which includes a 12% contingency, to provide supportive and case management services for the DAH tenants at the Star, Camelot and Kean Hotels, for the period of March 1, 2007 through June 30, 2009. (2 yrs and 4 months)
** Contract summary, Monitoring report summary and Response, Client demographic information forms, Close-Out evaluation form*

**(3.23) PHP-HUH** – Request for approval of a retroactive contract renewal with the San Francisco AIDS Foundation, in the amount of $7,398,805, which includes a 12% contingency, to provide full and partial rental subsidies targeting people with disabling HIV or AIDS, for the period of March 1, 2007 through June 30, 2009 (2 yrs, 4 months).
** Contract summary, Monitoring report summary and Response, Client demographic information form*

**(3.24) CHN-Health Information Services** – Request for approval of a contract modification with Webmedx, Inc., to extend the contract for four years through December 31, 2011, to provide Medical Dictation and as-needed Transcription services for San Francisco General Hospital Medical Center, in the amount of $1,600,000, for the period of January 1, 2008 through December 31, 2011 and for a total value of $2,150,000, for the period of January 1, 2007 through December 31, 2011 (5 years).
** Contract summary, Monitoring report summary*

**(3.25) BHS** – Request for approval of a retroactive contract renewal contract with Addiction, Research and Treatment, Inc., dba Bay Area Addiction, Research and Treatment, in the amount of $5,214,762 per year, for a total contract amount of $20,441,867, which includes a 12% contingency, to provide outpatient substance abuse and treatment services, for the period of July 1, 2007 through December 31, 2010 (3.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

**(3.26) BHS** – Request for approval of a retroactive contract renewal with Hamilton Family Center, in the amount of $142,370 per year, for a total contract amount of $717,545, which includes a 12% contingency, to provide early childhood mental health consultation and direct services in San Francisco, for the period of July 1, 2007 through December 31, 2011 (4.5 years.)
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.27) BHS** – Request for approval of retroactive renewal contract with the San Francisco Study Center, Inc., in the amount of $1,547,463 per year, for a total contract value of $7,799,210, which includes a 12% contingency, to provide advocacy, education, counseling and case management to mental health clients through outreach targeting Community Behavioral Health Services clients, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).
** Contract summary, Monitoring report summaries, Client demographic information form*

**(3.28) BHS** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $1,820,422 per year, for a total contract amount of $9,174,927, which includes a 12% contingency, to provide a Single Point of Responsibility program for severely mentally ill adults, for the period of July 1, 2007 through December 31, 2011 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.29) BHS** – Request for site approval for: (1) expansion of Community Behavioral Health Services Pharmacy and Mental Health Access Program Services from the second to the first floor of 1380 Howard Street; (2) moving the Treatment Access Program/Proposition 36 programs from 679 Bryant Street to the first floor of 1380 Howard Street; and for (3) moving the Centralized Opiate Program Evaluation and Outpatient Buprenorphine Induction Clinic from 3180 18th Street to the second floor of 1380 Howard Street.
** Site approval request, Community information sign-in sheet and meeting minutes, Map of area and site, Informational notices*

**(3.30) AIDS OFFICE-HIV Prevention & Research** – Request to approve a site reopening with Asian Pacific Islander Wellness Center to provide HIV prevention, mental health and substance abuse treatment services – TRANS: THRIVE Program, for the transgender population in San Francisco, at 815 Hyde Street, San Francisco, CA 94109.
** Site reopening request, Community meeting agenda, Map, Overview, Minutes and Sign-in sheet*

**4) FOR DISCUSSION: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

**5) FOR DISCUSSION: PUBLIC HEARING IN ACCORDANCE WITH THE COMMUNITY HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q) TO CONSIDER THE IMPACT OF THE CLOSURE OF ST. FRANCIS MEMORIAL HOSPITAL'S HOSPITAL-BASED SKILLED NURSING UNIT**

**TIME CERTAIN: 3:30**

**6) FOR DISCUSSION: 1ST QUARTER FINANCIAL REPORT**
(Gregg Sass, CFO)
**Report*

**7) FOR ACTION: FY 2008-2009 BUDGET PRESENTATION AND CONSIDERATION OF A RESOLUTION APPROVING PRINCIPLES TO GUIDE DEVELOPMENT OF PUBLIC HEALTH'S BUDGET FOR FISCAL YEAR 2008-2009**
(Gregg Sass, CFO)
**Presentation and Resolution*

**8) PUBLIC COMMENT ****

**9) OTHER BUSINESS*****

**10) COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS**

## 11) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**APPROVAL OF A SETTLEMENT IN TRUSTEES OF THE DAVID J. GLADSTONE INSTITUTE V. CCSF, SF SUPERIOR COURT NO. 460409, AND RELATED CROSS CLAIM.**

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

## 12) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

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### San Francisco Lobbyist Ordinance

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**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, November 6, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

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## 1) CALL TO ORDER

President Monfredini called the meeting to order at 3:05 p.m.

| | |
|---|---|
| Present: | Commissioner Lee Ann Monfredini, President<br>Commissioner David J. Sanchez, Jr., Ph.D., Vice President<br>Commissioner Edward A. Chow, M.D.<br>Commissioner Roma P. Guy, M.S.W.<br>Commissioner James M. Illig, Member<br>Commissioner Markus Watson, D.D.S. |
| Absent: | Commissioner Catherine Dodd, R.N., Ph.D. |

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 16, 2007

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Watson) approved the minutes of the October 16, 2007 Health Commission meeting, with the following correction: Commissioner Illig abstained from voting on Item 3.5. Typographical errors were also corrected.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Watson attended the Budget Committee meeting. The Committee requested that Items 3.6, 3.10 and 3.15 be moved to the discussion section of the agenda.

For Approval

**(3.1) AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $171,571, which includes a 12% contingency, to provide HIV integrated case management services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2007 through June 30, 2008 (1 year).

**(3.2) AIDS OFFICE-HIV Prevention** – Request for approval of a contract modification with PHFE Management Solutions, to add $85,512, for a new total of $516,536, which includes a 12% contingency, to provide fiscal intermediary services to support Rapid Testing Algorithm Study and HIV Prevention Program services, for the period of September 30, 2006 through September 29, 2008 (2 years).

**(3.3) AIDS OFFICE-HIV Epidemiology** – Request for approval of a contract modification with PHFE Management Solutions, to add $69,357, for a new total of $683,723, which includes a 12% contingency, to provide fiscal intermediary support for the HIV Serosorting Program, for the period of January 1, 2007 through December 31, 2010 (4 years).

**(3.4) AIDS OFFICE-HIV Epidemiology** – Request for approval of a modification to FY 07/08 of a multi-year contract with PHFE Management Solutions, to add $145,082, for a new total of $881,340, to provide fiscal intermediary support for the HIV/AIDS Statistics & Epidemiology Section-Morbidity & Risk Behaviors Surveillance Project, for the period of September 1, 2004 through May 31, 2008 (3.9 years).

**(3.5) PHP-HUH** – Request for approval of a retroactive contract renewal with Lutheran Social Services, in the amount of $260,972, which includes a 12% contingency, to provide supportive services and case management to residents of the Hazel Betsey site, for the period of March 1, 2007 to June 30, 2009 (2 yrs, 4 months).

**(3.7) PHP-HUH** – Request for approval of a retroactive contract renewal with Ark of Refuge, Inc., in the amount of $784,230, which includes a 12% contingency, to provide residential substance abuse treatment at Restoration House for HIV-positive women and transgender women of color, for the period of March 1, 2007 through June 30, 2009 (2 yrs, 4 months).

**(3.8) CHN-Primary Care** – Request for approval of a contract modification with the San Francisco Community Clinic Consortium, in the amount of $40,320, for a total contract amount of $105,840, which includes a 12% contingency, to access Americorp Interns, for the period of July 1, 2005 through June 30, 2008 (3 years).

**(3.9) BHS** – Request for approval of a retroactive contract renewal with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc., in the amount of $963,572 per year, for a total contract amount of $4,856,403, which includes 12% contingency, to provide substance abuse services, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

**(3.11) BHS** – Request for approval of a retroactive contract renewal with The Janet Pomeroy Center (formerly Recreation Center for the Handicapped), in the amount of $94,508 per year, for a total contract amount of $478,320, which includes a 12% contingency, to provide behavioral day treatment services for dually diagnosed, mentally ill and developmentally challenged clients, for the period of July 1, 2007 through December 31, 2011 (4.5 years)

**(3.12) BHS** – Request for approval of a retroactive contract renewal with Occupational Therapy Training Program-Special Services for Groups, in the amount of $69,500 per year, for a total contract amount of $116,760, which includes a 12% contingency, to provide occupational therapy assessment and social skills training services for youth through the Family Mosaic Project, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

**(3.13) BHS** – Request for approval of a retroactive contract renewal with RISE Institute, in the amount of $166,000 per year, for a total contract amount of $278,880, which includes a 12% contingency, to provide an after school program through the Family Mosaic Project, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

**(3.14) BHS** – Request for approval of a retroactive contact renewal with Brainstorm Tutoring, in the amount of $100,000 per year, for a total contract amount of $168,000, which includes a 12% contingency, to provide tutoring and education counseling services through the Family Mosaic Project, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

**(3.16) PHP-STD Prevention and Control** – Request for approval to accept and expend retroactively a new 15-month grant from the California HIV/AIDS Research Program, in the amount of $213,498, for the San Francisco Department of Public Health, STD Prevention and Control Services Section to perform "Acute HIV Infection Detection in San Francisco and San Mateo", for the period of 10/1/07 through 12/31/08.

**(3.17) BHS-Grants, Research, Evaluation and Development Unit** – Request for approval to accept and expend retroactively a Targeted Capacity Expansion grant from the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment, in the amount of $397,919, to expand the City's treatment capacity for the Transgender population in San Francisco, for the period of September 30, 2007 through September 29, 2008, and a subcontract with Asian & Pacific Islander Wellness Center for $318,619, for the same time period.

For Discussion and Approval

**(3.6) PHP-HUH** – Request for approval of a retroactive contract renewal with Black Coalition on AIDS, in the amount of $875,762, which includes a 12% contingency, to provide support services, case management and groups at the Brandy Moore House, a transitional housing program, for the period of Mary 1, 2007 through June 30, 2009 (2 yrs, 4 months).

Commissioners' Comments

- Commissioner Sanchez said that the Budget Committee has concerns about the implementation of key compliance requirements, and noted that these are recurring problems. Therefore the Budget Committee is recommending that the contract term be changed to 1.4 years so that staff and the Commission exercise due diligence in working with the agency to correct compliance issues. Sonia Bailey, Housing and Urban Health, said the agency had staff turnover but now has been paying attention to quality assurance activities. Jimmy Loyce, BCA Executive Director, said that since his tenure began they replaced the Client Services Director, revisited the issues in the previous monitoring report and have addressed these issues. They are no longer outstanding. Commissioner Sanchez said he is optimistic about the new leadership and wants to use this as an opportunity to enhance the relationship between the agency and the Health Department.

**(3.10) BHS** – Request for approval of retroactive contract renewal with the Edgewood Center for Children and Families, in the amount of $3,932,327 per year, for a total contract amount of $11,010,516, which includes a 12% contingency, to provide children and families mental health services, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

Commissioners' Comment

- Commissioner Chow noted that the agency served a very diverse population. Nancy Rubin, Edgewood Executive Director, said Edgewood has the capacity on staff to serve Spanish, Tagalog, Mandarin, Cantonese and emerging Russian.

**(3.15) BHS** – Request for approval of retroactive renewal contract with the Youth Leadership Institute, in the amount of $265,021 per year, for a total contract value of $1,335,705, which includes a 12% contingency, to provide substance abuse services targeting teenagers and young adults, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

Commissioners'' Comments

- Commissioner Watson noted that DPH staff submitted a revised demographic form that accurately shows the number of clients served, which is much more than the contract summary indicated. Is this reflected in the outcomes? Maureen Sedonaen, Executive Director, said the agency has spent the last year expanding the number of clients served and increasing diversity and are now trying to determine the impact of the program on the participants. Terry Ryan, CBHS, said the agency has overproduced in terms of unduplicated clients.

- Commissioner Chow stated that this is a great program but the data must be more accurate.

**(3.18) PHP-HUH** – Request for approval of a retroactive contract renewal with Catholic Charities CYO, in the amount of $2,233,071, which includes a 12% contingency, to provide partial rent subsidy and housing advocacy services through the Assisted Housing Program, for the period of March 1, 2007 through June 30, 2009 (2 yrs, 4 months).

Commissioners' Comments

- Commissioner Watson asked what the stability goals are. George Simmons, Catholic Charities, said the main stability goal is to keep people in housing a minimum of six months. Most people stay in housing much longer.

- Commissioner Chow said each DPH division appears to have its own method of scoring. Acknowledging that there are different needs, it would be nice if the Commission has a clear understanding of the scoring process to ensure consistency in scoring.

- Commissioner Sanchez urged staff and contractors to be sure that the Boards of Directors for each contractor are correct.

**(3.19) PHP-HUH** – Request for approval of a retroactive contract renewal with Catholic Charities CYO, in the amount of $923,965, which includes a 12% contingency, to provide supportive services at the Derek Silva Community, a supportive housing site, for the period of March 1, 2007 through June 30, 2009 (2 yrs, 4 months).

**(3.20) PHP-HUH** – Request for approval of a retroactive contract renewal with Larkin Street Youth Services, in the amount of $1,667,182, which includes a 12% contingency, to provide comprehensive housing, attendant care services and housing for at-risk young adults 18 to 25, for the period of March 1, 2007 through June 30, 2009 (2 yrs, 4 months).

Commissioners' Comments

- Commissioner Chow asked for details about housing at risk. Mr. Trotz said a lot of their housing is based on scattered site subsidies in the private market.

- Commissioner Sanchez asked if the agency's concerns about REGGIE have been resolved. Sherilynn Adams, Executive Director of Larkin Street, said that her MIS manager works closely with REGGIE staff and has addressed outstanding issues.

**(3.21) PHP-HUH** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $3,070,212, which includes a 12% contingency, to provide residential treatment, supportive services, continuing care services and rental subsidies for persons with HIV/AIDS, substance use and mental health issues, for the period of March 1, 2007 through June 30, 2009 (2 yrs, 4 months).

**(3.22) PHP-HUH** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $1,683,046, which includes a 12% contingency, to provide supportive and case management services for the DAH tenants at the Star, Camelot and Kean Hotels, for the period of March 1, 2007 through June 30, 2009. (2 yrs and 4 months)

Commissioners' Comments

- Commissioner Chow recalls issues around management of one of the housing sites. Mr. Trotz said DPH has had sporadic issues with the Keen Hotel, which is a private SRO, and is looking for alternatives. If an alternative site is identified, the staff person funded through this contract would move to the new site.

**(3.23) PHP-HUH** – Request for approval of a retroactive contract renewal with the San Francisco AIDS Foundation, in the amount of $7,398,805, which includes a 12% contingency, to provide full and partial rental subsidies targeting people with disabling HIV or AIDS, for the period of March 1, 2007 through June 30, 2009 (2 yrs, 4 months).

Commissioners' Comments

- Commissioner Chow asked if the increase results in more people being cared for, or are we paying more for existing subsidies. SF AIDS Foundation staff said the agency received additional funding to expand the number of subsidies. So the additional amount pays for 35 additional slots. Commissioner Chow was pleased with the comprehensive approach the agency was taking toward improving cultural competency. This is the type of thing the Commission likes to see—that an agency is really thinking about improving their outreach and efforts, not just submitting a report by rote.

**(3.24) CHN-Health Information Services** – Request for approval of a contract modification with Webmedx, Inc., to extend the contract for four years through December 31, 2011, to provide Medical Dictation and as-needed Transcription services for San Francisco General Hospital Medical Center, in the amount of $1,600,000, for the period of January 1, 2008 through December 31, 2011 and for a total value of $2,150,000, for the period of January 1, 2007 through December 31, 2011 (5 years).

**(3.25) BHS** – Request for approval of a retroactive contract renewal contract with Addiction, Research and Treatment, Inc., dba Bay Area Addiction, Research and Treatment, in the amount of $5,214,762 per year, for a total contract amount of $20,441,867, which includes a 12% contingency, to provide outpatient substance abuse and treatment services, for the period of July 1, 2007 through December 31, 2010 (3.5 years).

Commissioners' Comments

- Commissioner Watson asked how the agency measures and monitors the success for each client. Helen Cabiles, BAART CFO, said they monitor it through client retention, increased social productivity and decreased incarceration. They issue a quarterly clinical outcome report that includes these measures.

- Commissioner Sanchez said there has been discussion about how various pathways are measured over time to see that they are effective and that objectives are realistic. Mario Hernandez, CBHS, said that, because this is a methadone maintenance program, it is difficult to use standard objectives such as discharge rate to evaluate. Commissioner Sanchez said that this would be a good topic for the CHN JCC, to discuss the agencies that deliver these services, examine outcomes and objectives and perhaps make changes.

- Commissioner Chow asked if the Department should be looking at a different outcome standard for this modality. Dr. Cabaj, CBHS, said they are yearly revising their objectives and this is the first year they will have real data in terms of CalOHMS. Commissioner Chow supports the suggestion to have this discussion at the CHN JCC, in order to better understand the success methadone programs.

Comments at the Health Commission Meeting

- Commissioner Guy said methadone maintenance is an integral part of the DPH strategic plan and she would like the CHN JCC discussion around outcomes for this modality to be discussed as soon as possible.

- Commissioner Chow reiterated that the concern was not about the specific agency, but rather at the goals and measures that are applied to methadone programs, and whether or not these are applicable.

**(3.26) BHS** – Request for approval of a retroactive contract renewal with Hamilton Family Center, in the amount of $142,370 per year, for a total contract amount of $717,545, which includes a 12% contingency, to provide early childhood mental health consultation and direct services in San Francisco, for the period of July 1, 2007 through December 31, 2011 (4.5 years.)

Commissioners' Comments

- Commissioner Chow asked if the cultural competency report has been submitted. Albert Eng, CBHS, said it has been submitted.

**(3.27) BHS** – Request for approval of retroactive renewal contract with the San Francisco Study Center, Inc., in the amount of $1,547,463 per year, for a total contract value of $7,799,210, which includes a 12% contingency, to provide advocacy, education, counseling and case management to mental health clients through outreach targeting Community Behavioral Health Services clients, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

**(3.28) BHS** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $1,820,422 per year, for a total contract amount of $9,174,927, which includes a 12% contingency, to provide a Single Point of Responsibility program for severely mentally ill adults, for the period of July 1, 2007 through December 31, 2011 (4.5 years).

Commissioners' Comments

- Commissioner Sanchez commended the agency for its outstanding scores for this contract.

- Commissioner Watson asked if they think they can increase their outcomes next year, given how well they did last year. Dr. Boles said they are hoping to maintain the outcomes. They have some clients that end up back at PES and hospitals, and they hope to improve activities that keep people out of hospitals and bring them back into the community after hospitalization. So while the numbers may not increase, the quality of life for their clients will increase.

**(3.29) BHS** – Request for site approval for: (1) expansion of Community Behavioral Health Services Pharmacy and Mental Health Access Program Services from the second to the first floor of 1380 Howard Street; (2) moving the Treatment Access Program/Proposition 36 programs from 679 Bryant Street to the first floor of 1380 Howard Street; and for (3) moving the Centralized Opiate Program Evaluation and Outpatient Buprenorphine Induction Clinic from 3180 18th Street to the second floor of 1380 Howard Street.

Commissioners' Comments

- Commissioner Chow said it appears from the meeting minutes that neighbors received notice but now one expressed opposition. Dr. Alice Gleghorn, CBHS, said she held two meetings that had a total of five attendees. Two were residents of the neighborhood. One raised concerns and one asked for additional services. She also received two phone calls as a result of the notices that were posted.

- Commissioner Watson asked if there is enough space at the site so that lines are not forming on the street. Dr. Gleghorn said there is ample space for waiting rooms both within the building and within the space. Dr. Gleghorn added that the DPT citation center, which occupied the space previously, saw many more people on a daily basis than the new programs will.

- Chow asked how the pharmacy will work and what volume of prescription it fills. Dr. Gleghorn said the pharmacy is currently on the second floor of 1380 Howard. The new location provides better space to do drug consultation for clients. It is not an open pharmacy, where anyone can come and fill a prescription. Only a small number of clients come in and pick up their medicines.

**(3.30) AIDS OFFICE-HIV Prevention & Research** – Request to approve a site reopening with Asian Pacific Islander Wellness Center to provide HIV prevention, mental health and substance abuse treatment services – TRANS: THRIVE Program, for the transgender population in San Francisco, at 815 Hyde Street, San Francisco, CA 94109.

Commissioners' Comments

- Commissioner Chow said the Commission has documentation that staff outreached within the building and in the community and there does not appear to be any neighborhood concern. Dr. Grant Colfax, HIV Prevention Director, said they complied with good neighbor policy and posted signs about the opening. Commissioner Chow asked what they anticipate client traffic to be on a daily basis. Dr. Colfax said they anticipate 15-30 drop-in clients per day. The agency has approximately 1,100 outreach contacts per year and 76 case managed clients.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Watson) approved the Budget Committee Consent Calendar. The contract term for Item 3.6 was changed to 1.4 years, rather than 2.4 years.

The Commission requested a follow up report at the Community Health Network Joint Conference Committee regarding outcome objectives and measures for methadone maintenance programs.

## 4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Grants Awarded to SFGH

SFGH received two grants from the Gordon and Betty Moore Foundation, the first for $1.6 million to fund a mobile data center to alleviate conditions in the Hospital's overcrowded and underpowered data center which houses most of the hospital's computer servers. The "data center in a box" will allow the Hospital to support the replacement of critical care systems and a new materials management system until a new data center can be built. The Moore Foundation also awarded SFGH $625,000 for the implementation of an electronic medication administration system, a patient safety item that allows staff to enter medication orders electronically then chart the medications without rewrites. SFGH also received a grant of $150,000 from the Kaiser Permanente Community Benefits Program to expand quality improvement programs at the Hospital, including patient safety initiatives of preventing Central Line Infections, Ventilator Associated Pneumonia, and Surgical Site Infections, expanding the i2i Chronic Disease Registry, and expanding users for Performance Logic, the Project Management and Data Dashboard tool.

Pandemic Flu Exercise October 25, 2007: DPH and Hospitals

DPH coordinated a functional county-wide Pandemic Flu Exercise with 6 hospitals and various health department agencies including Communicable Disease Control and Prevention, EMS, Environmental Health, Community Programs and the Office of Policy and Planning. The exercise commenced on October 24th and tested activation procedures and notification of responders and local, regional, and state partners. On October 25th the Infectious Disease Emergency Response (IDER) Command Post and the Departmental Operations Center (DOC) were activated. Key objectives for the exercise were: set-up a Staff Staging Area to train and deploy personnel; practice Incident Command System compliant communication with responders and external parties; investigate active surveillance sources; and demonstrate the ability to maintain essential non-emergency related activities. As part of the exercise, participants responded to simulated calls from the public, collected case reports from clinicians, developed guidance materials for distribution, visited hospitals to collect surveillance information, and other activities.

The DOC activation tested the Department's ability to communicate and coordinate with the IDER Command Center. This was the first opportunity to activate the updated DOC and test the new technology and communication systems that were funded with Homeland Security Funds. During the next year, we will continue with additional exercises in order to improve our public health emergency readiness and response. An After Action Report of the exercise and Corrective Action Plan are under development.

Behavioral Health Access Center

On October 17th Community Behavioral Health Services (CBHS) held a community information meeting to discuss the consolidation of existing community services to the first floor of 1380 Howard Street in space previously occupied by the Department of Parking and Traffic (DPT).

CBHS is proposing the creation of a "Behavioral Health Access Center." The Center will combine and coordinate several existing community services to improve access to behavioral health services for San Francisco residents. Plans include expansion of CBHS pharmacy, services for the Mental Health Access program, and the relocation of the Treatment Access Program (TAP), the Centralized Opiate Program Evaluation (COPE), and the Outpatient Buprenorphine Induction Clinic (OBIC). By centralizing these important programs in a single location, CBHS will be able to provide a welcoming and responsive environment for clients with behavioral health issues and to streamline access to integrated services. The location of this array of services is an important step in providing truly integrated behavioral health care in San Francisco.

Food Access Working Group

On Monday, October 29th, the Southeast Food Access (SEFA) Working Group from *Shape Up San Francisco*, released its Food Preferences Survey. Survey highlights include:

- Ninety-four percent of those surveyed say they would actively support new food options in the Bayview-Hunters Point.
- Most residents buy their food outside of the neighborhood. Over half (58%) say they frequently buy their groceries at Safeway stores in other neighborhoods.
- Four out of five respondents say "freshness" is the most important factor when choosing a place to shop for food, far more than those who prioritize affordability and other factors.
- Survey respondents care about values associated with workers' rights and organic foods. A majority (58%) want a co-op market; and over half (53%) say it is "most important" that foods be free of pesticides and chemicals, and be grown by local farmers who treat farm workers fairly.

SEFA is co-chaired by Mark Ghaly, MD, Director of Southeast Heath Center and Michael Janis, General Manager SF Wholesale Produce Market, and staffed by Susana Hennessey-Lavery and Christina Goette Carpenter of the Community Health Education Section/Community Health Promotion. The survey can be found online at www.shapeupsf.org.

National Lead Poisoning Prevention Week
The week of October 21 was National Lead Poisoning Prevention Week (NLPPW). This year's theme, "Protect Our Most Valuable Resource - Our Children," underscored the importance of stopping lead exposure before it can enter a child's body and produce serious and harmful health effects, such as brain damage and learning and behavior problems.

The Children's Environmental Health Promotion (CEHP) of the San Francisco Environmental Health Section, along with the Lead Hazard Reduction Program of the Mayor's Office of Housing, hosted and participated in a number of events to emphasize the importance of providing a lead test for the highest at-risk children younger than six years of age, preferably testing them by one or two years of age, and to urge parents to take steps to reduce their children's possible exposure to lead. As a result of the collaboration, KTSF Television produced two televised programs about lead poisoning including how to access free inspection and repair services for low to moderate income property owners in San Francisco. Other activities in observance of National Lead Poisoning Prevention Week were a student artwork project, lead awareness and education workshops at social services agencies and participation in a health and safety fair at the Hotel Nikko.

Public Comment
Francisco DaCosta, Director of Environmental Justice Advocacy, said that the new wing of San Francisco General Hospital was built by the people of the Bayview. Does the City and County of San Francisco have a qualified toxicologist? If so he would like to meet that person. Because of Parcel 1, children are breathing toxics.

Commissioners' Comments

- Commissioner Chow asked if the Food Access Work Group is going to help bring a vendor into the community. Dr. Katz said the Redevelopment Agency is working on a contract that would bring in a food vender. Commissioner Chow said many years ago there was a campaign in the Chinese Community around lead poisoning and he asked if the Chinese community was part of the recent effort. Dr. Katz will find out if they were and address it either way.

- Commissioner Illig is also interested in the Food Access Work Group. A similar group was developed in the Tenderloin and there are ways they can cooperate. Commissioner Illig said many commissioners mentioned sending the annual report to the Mayor and Board of Supervisors with a letter from the Commission and asked if this has been done. Dr. Katz and Ms. Seaton said this is in the process.

- Commissioner Guy asked for a status report on the evaluation for Healthy San Francisco. Commissioner Illig said Ms. Brigham and the Mary Kreger from UCSF, who is developing the RFP, presented to the CHN JCC.

- Commissioner Illig asked if SB 306, the extension of hospital seismic safety deadlines, would apply to St. Luke's. Dr. Katz said it would.

- Commissioner Chow asked for an update on the Golden Gate Restaurant Association lawsuit regarding Healthy San Francisco. Dr. Katz said there was a hearing. The judge asked a number of questions but did not rule. The judge said that the program was commendable but that ERISA was a broadly written law. Dr. Katz added that the appeal of this ruling is a de novo review, meaning the first ruling has no bearing.

## 5) PUBLIC HEARING IN ACCORDANCE WITH THE COMMUNITY HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q) TO CONSIDER THE IMPACT OF THE CLOSURE OF ST. FRANCIS MEMORIAL HOSPITAL'S HOSPITAL-BASED SKILLED NURSING UNIT

Tom Hennessy, President and CEO of St. Francis Memorial Hospital (SFMH) and Abbie Yant, Director of Mission, Advocacy and Community Health Services, presented an overview of SFMH's proposal to close its hospital-based skilled nursing unit. The SFMH 34-bed skilled nursing unit opened in 1988. Over the last several years, due to deteriorating revenue for acute hospital based skilled nursing services, SFMH has experienced significant operating losses. SFMH experienced $9 million in operating losses in FY07. This was due in part to the operating losses from the skilled nursing unit that was $4.2 million. 79 percent of the patients admitted to the unit are covered by government programs. The 34-bed facility has run an average daily census of 20 with an average length of stay of 12.28 days. Total discharges on the unit during FY07 were 594.

Through the transition SFMH has begun referring patients discharged from SFMH who require skilled nursing care to community based skilled nursing facilities including St. Mary's Medical Center. After the unit closes patients requiring this level of care will be discharged to a community SNF or will remain in a medical surgical bed until such arrangements can be made. SFMH recently contracted with Kindred for a 12-bed hold. Other discharge service partners include: SFCC Homecoming Services, Institute on Aging Discharge Services, St. Anthony's, Glide and South of Market respite partnerships. Ms. Yant said SFMH is committed to providing care to patients without insurance through its charity care program.

Ms Yant said SFMH is working with labor unions and with the 16 registered nurses and 11 staff members affected by this closure to transfer them to other positions within the CHW system or to assist them in finding other employment.

Mr. Hennessy said the decision to close was very difficult and was made to ensure the long-term health and viability of the hospital. SFMH has taken many steps over the last several years to run the unit as cost effectively as possible. However at this time there are no viable alternatives to this decision. Mr. Hennessy introduced staff from SFMH who were at the meeting: James Jenks, Chief Operating Officer, Alan Fox, Chief Financial Officer, Dennis, Chief Nursing ??, Celia Ryan, Senior Director of Quality Management and Marian Hoffman, Director of the skilled nursing unit.

Public Comment

Benson Nadell, Long Term Care Ombudsman, submitted written testimony regarding the loss of skilled nursing beds at SFMH (on file in the Health Commission Office). The closing of SFMH SNF beds will have an impact on the existing free-standing SNF beds that are dedicated to long term care.

Patrick Monette-Shaw said it is ironic the Health Commission is holding a Prop. Q hearing on the closure of St. Francis SNF beds but to date there has been no public hearing about the closure of 420 beds at Laguna Honda Hospital. He urged the Health Commission to ask Dr. Katz to revise his 1998 white paper.

Francisco DaCosta said we have to pay attention to how much of our population is elderly and may end up needing skilled nursing care. 60% of people in the Tenderloin rent and may be rushed to a facility such as St. Francis, where they get quality care. We need to side with compassion and not eliminate skilled nursing units.

Commissioners' Comment

- Commissioner Monfredini asked when we will know the disposition of the SNF employees and whether or not anyone was laid off. Rick Mead, SFMH Human Resources Director, said they have a timeline in place with CNA for the RNs and the goal is to finish everything by December 9, 2007. They hope to have final disposition of SEIU members by December 15. They have placed two of nine people. This is a more difficult group because the marketplace has not been that easy on CNAs.

- Commissioner Illig asked what percentage of the SNF patients come from the hospital and what percentage comes from community. Mr. Hennessey said almost 100% come from within the hospital, with a length of stay of 12.2 days. Commissioner Illig said SFMH uses its SNF unit to discharge its patients out of acute. He noted that SFMH has a good relationship with community partners, which will help them. He also applauded SFMH for its $4.8 million in charity care. Unlike other places that are long term care, SFMH's SNF is used to help move people out of acute and into the community. If the hospital feels its patients are served in better ways, then he supports them. He is much more interested in the viability of St. Francis. Mr. Hennessy noted that no one from St. Mary's played any role in the decisions made by St. Francis.

- Commissioner Guy appreciates that St. Francis proactively came forward to the Health Commission to notice the commission and public of the closure and request a Prop. Q hearing. She said DPH also makes difficult decisions, and as a commissioner she understands that other hospitals do the same. She likes that they invested in the ED and have welcomed the patients that usually get sent over to SFGH. Ms. Yant has been a leader in our community from that perspective. That said, San Francisco needs SNF beds, long and short term. If the non-profit community cannot handle it, then the City needs to look at this.

- Commissioner Watson asked where they have transferred the various staff, and whether staff has had to take vacation during the transition period when they have been decreasing the census. Mr. Mead, Human Resources Director, said they have specific call-off procedures when the number of patients drops. They flex their staff because their volumes go up and down throughout the year. They are having to call off a number of people from the SNF, and some staff are having to take more time off then they would want.

- Commissioner Sanchez commended St. Francis for proactively coming forward in the Proposition Q process. SFMH has a tradition of excellence and community involvement. It is too bad that SFMH has to lose this excellent service.

- Commissioner Chow said one of the Commission's charges under Prop. Q is to evaluate alternatives. He would like to get confirmation about the specific arrangements SFMH has made with other hospitals and community-based SNFs. This would inform the decision the Health Commission will make regarding the impact of the closure. He asked if there is a difference in quality between free-standing SNFs and distinct part SNFs, and are we going to lose that quality. He noted that the purpose of SFMH's SNF is short term, and so the Commission should focus on distinct part SNFs. Mr. Hennessy said the decline in the number of patients has occurred without any impact on quality of service for those patients and without any access problems. SFMH nurse managers have visited the sites their patient were referred to in order to evaluate quality. Ms. Yant said they work closely with the Medical Staff on patient placements. Commissioner Chow said perhaps they could get a statement from Medical Staff regarding the quality of placements. Mr. Hennessy said the Board, which is comprised of a majority of physicians, approved the proposal, as did the Medical Executive Committee so he knows he has medical staff support. He will get a statement to the Commission.

- Commissioner Monfredini said she was assisting a SFMH patient earlier this year to try to move this patient from tertiary care to a SNF bed. She was told that a SNF bed was not available because they were being reduced. It was very evident in June 2007 that plans were already in place. She appreciates SFMH's compliance with Proposition Q. She also noted that other hospitals such as CPMC's Marshal Hale Campus and Davies do not take patients from the outside. She asked Dr. Katz to comment on the closure. Dr. Katz said that St. Francis has guaranteed that the specific patients are well cared for and they complied with the notification process. What we're left with it that the demand for SNF beds exceeds the current supply. While it is true that distinct part SNF bed is different than a long-term SNF bed, when a person is placed in a long-term bed that might otherwise be placed in a distinct part bed, that means one less bed. In San Francisco and other urban areas, no one can break even on a MediCal distinct part SNF. Reimbursement is insufficient. This means people will wait longer for a bed somewhere in the system. The City is left to deal with this issue.

- Commissioner Guy said San Francisco has been increasing the number of community beds. Given the trend, are we losing ground? Dr. Katz said need always exceeds supply, so while San Francisco has successfully created community alternatives, and the total number of beds is higher, the wait list at LHH has not gotten shorter, the LHH census has not decreased and the SFGH census has never been larger.

- Commissioner Chow said, taking into consideration the increase in community beds, do we have a clear understanding or estimating how many SNF beds we will need? Dr. Katz said there is no hard and fast set of rules governing who needs a SNF beds. Experts disagree, with some people believing you can markedly reduce the level of SNF need with community care. San Francisco is one of the lowest users of skilled nursing beds by population.

## 6) 1ST QUARTER FINANCIAL REPORT

Gregg Sass, DPH CFO, presented the 1st Quarter Financial Report. Projections include a revenue surplus of $10.484 million and an expenditure deficit of $15.068 million. DPH is projected to be overspent at SFGH, LHH, Primary Care and Jail Health for the current fiscal year. The primary cause of the overspending is related to unfunded structural expenses in the current budget. While some of this overspending can be funded from surplus revenues, he is not forecasting sufficient revenue to fund the entire variance. Mr. Sass detailed the structural needs of each division that were not funded. For SFGH, year-end projections show a deficit of $10.351 million. Adjusted actual spending for the prior year is greater than the current year. Year-end projections for Laguna Honda show a deficit of $3.091 million. Surplus revenues at LHH are projected to be sufficient to cover much of the overspending. As with SFGH, actual spending for the prior years is greater than the budget for the current year. Year end projections for Primary Care show a $419,000 shortfall. In Jail Health, projections show a deficit of $2.642 million. Close to $1 million of this is related to structural budget items that were not funding in the current year, MOU increases and unfunded staffing costs from the prior year. Another component is the spending required to provide services to an additional jail in San Bruno to reduce overcrowding.

There are several possible approaches for addressing overspending in the current year:

- To the extent possible, a revenue supplemental to fund additional expenditure authority
- Deferral of new initiatives to reduce projected spending
- A freeze on hiring to reduce current year spending to budget
- Mid-year budget cuts to reduce spending (only feasible if citywide)
- Additional funding from the MOU reserve for Jail Health and Sheriff security workorders
- A general fund supplemental including costs of new jail

Mr. Sass and the Health Department are working closely with the Controller and the Mayor's Budget Office to evaluate options.

Implications for 2008/09 budget

- The budget process for next year will need to address the continuing need for funding structural expenses.
- To the extent that overspending in the current year is structural in nature, that overspending will need attention in next year's budget
- We can expect that the gap in funding will grow after July 2008 as inflation and MOU increase are added to the current year base
- It is likely that we will be asked to decrease our use of general fund in the next year as the city is currently projecting that the FY 2008/09 year will open in deficit.

Mr. Sass concluded by saying that with only three months of the fiscal year on which to base projection, and nine months remaining, it is difficult to project our year-end position with precision, however we can project favorable revenue variances at SFGH and LHH to provide a funding source for a revenue supplemental.

Commissioners' Comments

- Commissioner Monfredini asked if there is any potential revenue source out there that might come in at the last minute. Mr. Sass said everything is converging around a tight revenue picture. DPH was pretty aggressive in revenue predictions for this year's budget, so he does not anticipate any surprise revenues.

- Commissioner Illig said he recalls during last year's budget discussions that the structural deficit was $10.5 million when it was finally approved by the Health Commission. Mr. Sass said that at the end of the day, the budget funded a little more than $5 million in structural costs. Commissioner Illig asked if the Mayor's Office pushed revenue assumptions that are more optimistic than realistic. Mr. Sass said he thinks DPH's revenue assumptions are okay.

- Commissioner Guy said that what she is hearing is that DPH cannot be as optimistic with its revenue assumptions as it has been in the past, because there are not that many additional revenue opportunities. Commissioner Guy said we have entered back into the era when we do not overestimate revenues. She would appreciate revenue projections that are very near actual.

- Commissioner Watson asked how a hiring freeze would impact nursing needs and nursing requirements. Mr. Sass said that the Mayor's Office and the Controller's Office recognize that they cannot freeze 24/7 requisitions, so they have been releasing these positions. In addition, they have been releasing grant funded positions and have been fairly good about releasing Healthy San Francisco positions. The positions that get held are the traditional five day a week, eight hours a day employees.

- Commissioner Chow said we continue to have the issue of Jail Health. Commissioner Chow appreciates that Mr. Sass and staff has identified where the budget challenges are. Commissioner Chow said that if the Department cannot correct its structural issues, then we will continue to be on this treadmill. Dr. Katz said there are some lessons learned from this situation. The first is that the strategy to push revenues has worked in the past. Second, the Mayor and Board can fund or not fund the structural deficit and it does not matter, because the reality still exists and the shortfall still exists. Unless basic assumptions are changed, the structural issues will persist. Further, in the absence of making cuts, the structural deficit will continue, a budget shortfall will exist and a hiring freeze will be imposed. DPH will aggressively ask the Mayor's Office to add general fund to the DPH budget. Through the budget reports, Dr. Katz wants to be absolutely clear that DPH is not spending more money than they told people last year. Dr. Katz views this as a citywide problem and there must be a citywide solution.

- Commissioner Guy does not recall Jail Health Services anticipating such a structural shortfall. She also asked if the Sheriff will work as a partner to acknowledge his responsibility and seek more funding. Dr. Katz said the Sheriff will. The issues around the jail costs are not DPH's problem to solve; they must be addressed by the Sheriff and the City. Commissioner Guy said DPH is a partner with the Sheriff and she wants to encourage us to continue to be advocates and partners because we do pay a price when the jails are not providing the health care they should be providing.

- Commissioner Illig asked how DPH was able to reserve revenues for future judgments at the MHRF and other things. Mr. Sass said this is a result of the cost reporting process and the differential between the amount of reimbursement we include in the cost report and the amount we ask for, which is very aggressive. Commissioner Illig asked if we can establish reserves for other areas of need. Mr. Sass said the reserves have to have substance and be based on real items that will pass the audit test.

## 7) FY 2008-2009 BUDGET PRESENTATION AND CONSIDERATION OF A RESOLUTION APPROVING PRINCIPLES TO GUIDE DEVELOPMENT OF PUBLIC HEALTH'S BUDGET FOR FISCAL YEAR 2008-2009

Dr. Katz presented a set of principles to guide the budget process. This is an attempt to improve upon last year's budget process, which left everyone unsatisfied. Dr. Katz said that although DPH has never explicitly recommended a set of principals to the Health Commission for approval, the department has been applying a fairly well defined set of principles in developing its budget. He believes the budget process would greatly benefit from agreement on a set of principles early in the budget process. He is certain that DPH and the Health Commission will be asked to cut general fund. The recommended principles are:

1. The Department shall develop a budget to include revenue increases to the maximum extent possible.
2. The Department shall first target budget cuts to programs and services that do not impact vulnerable populations.
3. The Department will make no cuts to primary prevention, because the current investment in primary prevention is very small.
4. The Department will include funding to address increases in the cost of doing business for our community partners, even if that funding necessitates a reduction in contracted services to finance the increased cost.
5. The Department will maintain or increase supporting housing opportunities even in the face of budget cuts because of our belief that ultimately this strategy is very cost effective.
6. The Department will avoid magnifying budget cuts by minimizing cuts to services that are well reimbursed.
7. The Department will not propose budget reductions that would jeopardize licensure and accreditation of our hospitals.
8. When making cuts, try to mitigate by substituting a less expensive level of service.

Public Comment

Debbi Lerman, San Francisco Human Services Network, said HSN is happy to see the cost of doing business in the budget principles. She said the assumption should not be made that the cuts to fund cost of doing business would come entirely from contractors. HSN is hoping to see a process where Commissions gather actual data and make public, policy-based decisions that happen as early as possible.

The Commission suspended the regular meeting at 6:10 p.m.in order to go into closed session. The Commission continued the discussion after concluding the closed session.

Commissioners' Comments

- Commissioner Monfredini said last year was a cumulative response of years of sending budgets across the street only to be ignored.

- Commissioner Illig said some of our contractors are well reimbursed, and we do not have any way of knowing to what extent. Dr. Katz said this would be difficult to operationalize and each case is different. Commissioner Illig proposes dropping Principle #6 from the resolution. He suggests changing Principle #4 to include the cost of increasing DPH salaries and removing "contracted" from services.

- Commissioner Chow would prefer to put suggestions forward, synthesize the thoughts, and come back at the next Health Commission meeting. The Commission should not make hasty decisions about adding or dropping principles.

- Commissioner Guy said we are entering a new era and the Health Commission and Health Department must do its budget differently, and these principles are a good start. She recommends one or two commissioners working with Dr. Katz and Ms. Seaton to use this first draft as a template, get commissioners input and but forward a revised draft at the November 13th Health Commission meeting.

- Commissioner Sanchez thanked Dr. Katz for bringing the principles forward, because everyone was frustrated last year. He suggests that the Budget Committee be extended by an hour to discuss and get input on the budget principle and resolution.

- Commissioner Chow likes the idea of a Committee of the Whole, where there is public dialogue and discussion about the principles. Commissioner Chow said public health functions are part of the department but are not articulated. How are these roles, such as environmental health, reflected in the principles? How do these principles fit into the Strategic Plan?

- Commissioners agreed to have a discussion agendized for the November 13th Health Commission meeting.

- Commissioner Illig is going to propose that cuts are made to programs that are not cost effective, and he asked if Mr. Sass, Dr. Katz and others can determine which programs are cost effective and which are not. Dr. Katz said that we do not have good enough outcome data to support these kinds of decisions.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Watson) continued the discussion of the resolution to the November 13, 2007 Health Commission meeting.

## 8) PUBLIC COMMENT

Public Comment
Francisco DaCosta said the San Francisco Board of Education unanimously agreed on a resolution based on the precautionary principle. The Youth Commission agreed with the resolution. The community has been making great headway to stop the operation that has been hurting the community. He wants the Health Commission to pay attention to this so that they do the right thing.

## 9) OTHER BUSINESS

None.

## 10) COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS

Commissioner Illig asked when the Health Commission would get an update on the Assisted Living Feasibility Study and the Laguna Honda Hospital Replacement Project. Ms. Seaton said it is currently scheduled for the December 4, 2007 meeting.

Commissioner Monfredini said that the Health Commission meetings between now until the end of the year are very full. She suggested that the Health Commission consider having a few additional meetings in the beginning of 2008.

Commissioner Illig said the November and December CHN JCC meetings will discuss the addbacks.

## 11) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Watson) voted to hold a closed session.

The Commission went into closed session at 6:10 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Commissioner Watson, Mitchell H. Katz, M.D., Health Director, Gene O'Connell, SFGHMC Executive Administrator, Ronald Flynn, Deputy City Attorney and Michele Seaton, Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Watson) approved the settlement in Trustees of the J. David Gladstone v. CCSF, SF Superior Court No. 460409, and related cross claims.

D) Reconvene in Open Session

The Committee reconvened in open session at 6:15 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Watson) voted not to disclose any discussions held in closed session.

## 12) ADJOURNMENT

The meeting was adjourned at 7:00 p.m.

## HEALTH COMMISSION

## CITY AND COUNTY OF SAN FRANCISCO

**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**Mitchell H. Katz, M.D.**
Director of Health

**Michele M. Seaton**
Executive Secretary

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# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, November 13, 2007***
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

***THIS MEETING WAS RESCHEDULED FROM NOVEMBER 20, 2007**

*The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:30 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.*

*Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.*

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 6, 2007**
**Minutes of the meeting of November 6, 2007*

## 3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

For Approval

**(3.1) BHS** – Request for approval of a retroactive renewal contract with the Homeless Children's Network, in the amount of $301,376 per year, for a total contract amount of $843,853, which includes a 12% contingency, to provide early childhood mental health and consultation services for homeless children and their families, for the period of July 1, 2007 through December 31, 2009 (2.5 yrs).
** Contract summary, Monitoring report summaries, Plan of Correction, Client demographic information forms*

**(3.2) BHS** – Request for approval of a retroactive renewal contract with the San Francisco Center for Psychoanalysis (formerly San Francisco Psychoanalytic Institute and Society), in the amount of $124,653 per year, for a total contract amount of $628,251, which includes a 12% contingency, to provide early childhood consultation services, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).
** Contract summary, Monitoring report summary, Client demographic information form*

For Discussion and Approval

**(3.3) BHS** – Request for approval of a retroactive new contract with Alternative Family Service, in the amount of $150,000 per year, for a total contract amount of $420,000, which includes a 12% contingency, to provide Mental Health Treatment for Early and Periodic Screening, Diagnosis and Treatment Eligible Children and Youth, for the period of July 1, 2007 through December 31, 2009 (2.5 yrs).
* Contract summary

**(3.4) AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Shanti Project, in the amount of $385,754, which includes a 12% contingency, to provide integrated case management, peer advocacy, treatment advocacy and outreach services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Monitoring report summary, Client demographic information form*

## 4) FOR DISCUSSION: DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

## 5) EMPLOYEE RECOGNITION FOR THE MONTH OF NOVEMBER

**List of Nominees*

6) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION DETERMINING THAT THE CLOSURE OF ST. FRANCIS MEMORIAL HOSPITAL'S HOSPITAL-BASED SKILLED NURSING UNIT WILL/WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH OF THE COMMUNITY**
**Resolution*

7) **FOR DISCUSSION AND POSSIBLE ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING PRINCIPLES TO GUIDE DEVELOPMENT OF THE DEPARTMENT OF PUBLIC HEALTH'S BUDGET FOR FISCAL YEAR 2008-2009**
**Resolution*

8) **FOR DISCUSSION:** **HEARING TO CONSIDER AN UPDATE ON THE FUTURE OF ST. LUKE'S HOSPITAL**
**Update*

9) **PUBLIC COMMENT ****

10) **OTHER BUSINESS*****

11) **COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS**

12) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

**Accessible Meeting Policy**
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

**Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

**San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

**Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**Lee Ann Monfredini**
President

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Vice President

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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, November 13, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

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## 1) CALL TO ORDER

Commissioner Sanchez called the meeting to order at 3:05 p.m.

| | |
|---|---|
| Present: | Commissioner David Sanchez, Ph.D., Vice President<br>Commissioner Edward Chow, M.D.<br>Commissioner Catherine Dodd, Ph.D.<br>Commissioner Roma Guy, M.S.W.<br>Commissioner James Illig<br>Commissioner Markus Watson, D.D.S. |
| Absent: | Commissioner Lee Ann Monfredini, President |

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Commissioner Sanchez announced that the St. Luke's update would be taken out of order, and would be heard after Item 6.

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 6, 2007

Action Taken: The Commission (Chow, Guy, Dodd, Illig, Sanchez, Watson) approved the minutes of the November 6, 2007 Health Commission meeting with corrections to two typographical errors (page 5 and page 11).

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Watson attended the Budget Committee meeting. The Committee requested that Item 3.1 be moved to the discussion section of the agenda.

For Approval

**(3.2) BHS** – Request for approval of a retroactive renewal contract with the San Francisco Center for Psychoanalysis (formerly San Francisco Psychoanalytic Institute and Society), in the amount of $124,653 per year, for a total contract amount of $628,251, which includes a 12% contingency, to provide early childhood consultation services, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

For Discussion and Approval

**(3.1) BHS** – Request for approval of a retroactive renewal contract with the Homeless Children's Network, in the amount of $301,376 per year, for a total contract amount of $843,853, which includes a 12% contingency, to provide early childhood mental health and consultation services for homeless children and their families, for the period of July 1, 2007 through December 31, 2009 (2.5 yrs).

Commissioners' Comments

- Commissioner Sanchez asked how many members are on the Board of Directors. April Silas, Executive Director, said they currently have five board members and are going to add three additional members at the next board meeting. Commissioner Sanchez said it is very important to reflect accurate data regarding the ethnicity of clients that are receiving services. The Latino population is very diverse, the Asian community is very diverse and this needs to be captured in the data. Ms. Durr, CBHS, said they can look more closely at the data to see if they can tease out the specific ethnicities.

**(3.3) BHS** – Request for approval of a retroactive new contract with Alternative Family Service, in the amount of $150,000 per year, for a total contract amount of $420,000, which includes a 12% contingency, to provide Mental Health Treatment for Early and Periodic Screening, Diagnosis and Treatment Eligible Children and Youth, for the period of July 1, 2007 through December 31, 2009 (2.5 yrs).

Commissioners' Comments

- Commissioner Sanchez said the oversight of our non-profit partners is critical—data, board composition, etc.—to make sure that we are providing the most optimal services to our families possible.

**(3.4) AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Shanti Project, in the amount of $385,754, which includes a 12% contingency, to provide integrated case management, peer advocacy, treatment advocacy and outreach services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2007 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Watson asked if the services were being provided, given that the client satisfaction survey was not done. Mr. Byrum said the services were provided. The satisfaction surveys will be completed by November 30th. The previous staff member did not do the survey.

- Commissioner Chow confirmed that the cultural competency report would cover all agencies. Ms. Long said that Shanti, as the lead agency, is responsible for all responses to DPH, but these responses will reflect the collaboration. Hilda Jones added that all agencies funded by the program are required to submit a cultural competency report. BCA and Instituto Familiar de la Raza have already submitted their reports. Commissioner Chow said that, as the Department moves toward including cultural competency as part of the overall program review rather than a stand alone report, it would be nice to have a report that reflects the collaboration.

Commissioners' Comments (at Health Commission meeting)

- Commissioner Dodd asked for a clarification about the number of clients served by the collaborative. The client satisfaction data indicates far fewer clients than the overall numbers. Staff from Shanti said Shanti surveyed 100 clients. Each site did a survey of its most active clients. They tend to survey the most active clients and do not survey all the clients. Commissioner Dodd said that this practice needs to be reflected in the objective, which indicates that all clients are surveyed.

- Commissioner Illig said this is a program that costs $344,000 and reaches 500 people with HIV/AIDs, and these are difficult clients.

## 4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Health Director, presented the Director's Report.

DPH Website Launched
Dr. Katz reported that the new website has been launched. There were a number of technical details to work out and MIS staff has been making changes and adjustments to create a more seamless navigation for visitors to the site. He urged Commissioners to spend some time exploring the many new and improved features. Staff believes the new look more accurately reflects the dynamic nature of the Department and allows us to present a unified approach to internet users. Many thanks to Barry Siler for his excellent work in bringing this immense project on line.

Oil Spill on the Bay
As the Commissioners are aware, a container ship accidentally ran into the Bay Bridge at 8:30 AM on Wednesday, November 7, spilling approximately 58,000 gallons of heavy duty bunker fuel oil into the Bay. Shortly after the incident occurred, a number of people working near the Embarcadero reported symptoms of nausea and headaches due to the oil vaporizing into the air. The Department, working with the Coast Guard and the Mayor's Office, issued a press release informing the public that the fumes, while noxious, do not produce long lasting health effects.

The oil spill has since spread significantly throughout the Bay, causing damage to beaches, property and wildlife. As the spill ages, the oil turns into globules and becomes more difficult to contain and clean up.

Staff from the Department of Public Health has been working closely with other City departments and federal, state, and regional agencies to assist with the clean up and response to this incident in an effort to mitigate further damage. Because of the extent of the spill, closure notices have been issued at affected beaches, no-fishing signs were posted in several languages along the fishing piers, access to marinas has been limited and we have advised the public and dog owners to stay away from the shoreline until further notice. Industrial hygienists from DPH and other departments have helped in training volunteers from the public who want to clean the beaches and aquatic birds and have participated in the cleaning themselves. We understand that the residual oil will be prevalent for some time to come and will continue to closely monitor the situation as it evolves.

As has been reported, there has been great disappointment with the Coast Guard in the timelines of their reporting the extent of the problem. The lack of timely information made it harder for the City to respond effectively.

LHH Honored for Best Practices in Restorative Care

The California Hospital Association awarded Laguna Honda Hospital a Best Practices Award for the innovative work of its restorative services program. Restorative nursing care helps people to adapt and adjust to their physical condition so they can maximize their ability to live independently. Restorative care is an integral part of the nursing services at LHH. At any time, 76% of the residents receive regular restorative therapy. The award was presented to Jill LeCount, RN, director of the Laguna Honda Department of Education and Training, during the California Hospital Association's Conference on Hospital Services for Continuing Care on October 25th.

World Diabetes Day

November 14th is World Diabetes Day, as recognized by the United Nations. *Shape Up SF* has partnered with the International Diabetes Foundation to raise awareness about the event. To honor the day, Mayor Gavin Newsom will sign a proclamation and City Hall and Coit Tower will be illuminated with blue lights to mark the event.

*Get the Lead Out* Coalition

News this summer that the U.S. Consumer Product Safety Commission recalled millions of toys after determining they contained excessive amounts of lead recently elevated the issue of childhood lead poisoning in the United States. The Children's Environmental Health Promotion (CEHP) joined with 10 other lead poisoning prevention programs in the greater Bay Area to form the "Get the Lead Out" Coalition. One major activity that the Coalition is currently working on is to encourage shoppers and parents to consider alternatives to traditional plastic, metal or vinyl toys this holiday-season to protect young children from lead exposure. Suggested alternative gifts include books, clothing, movies, music or sports equipment, special family outings or time together. The Coalition is planning a press conference to promote awareness of this issue.

Full Circle Fund Gives SEXINFO Award

Congratulations to Jacque McCright from STD Prevention and Control, and Deb Levine, Executive Director of ISIS, a technology-based partner, who will be receiving an award from the Full Circle Fund for their innovate work creating SEXINFO, the nation's first sexual and reproductive health text message information service. The awards ceremony will take place at the "You've Got the Power" event on November 14th at City Hall. Al Gore is the keynote speaker. The Full Circle Fund is a philanthropy organization focusing on developing the next generation of community leaders and driving lasting social change in the Bay Area. More information about the award and Full Circle Fund can be found at http://www.fullcirclefund.org/event.php?id=106.

Reducing Heart Attacks & Strokes
Dr. Katz reported that the Kaiser Community Benefits Program has funded $400,000 over the next two years to implement the PHASE project, an effort aimed at risk reduction for heart attacks and strokes. The program will launch at four pilot sites: Ocean Park Health Center, Chinatown Public Health Center and at the Family Health Center, and General Medical Clinic at San Francisco General Hospital.

Congratulations to all of you who participated in putting together this successful proposal. Programs such as the PHASE project support the Department's prevention approach to adopting healthy lifestyle habits.

World AIDS Day
December 1st is World AIDS Day and the HIV Prevention Section of the AIDS Office is planning a commemoration by promoting awareness, health and wellness, and prevention services throughout San Francisco. Watch for print ads in local papers and a Health, Wellness and Prevention Fair on December 1 from 10:00 AM – 3:00 PM at the Harvey Milk Civil Rights Academy that will include dozens of the City's extensive network of HIV/AIDS related agencies. Organizers hope to begin an annual tradition of staging a large Health and Prevention Fair to continue to deliver important prevention and wellness messages.

Fair highlights will feature representatives from our City's network of prevention, mental health, substance use, community development and wellness providers. Some of the services available at the fair will include influenza vaccinations, Hepatitis A and B vaccinations, HIV testing, STD Screening, massage, acupuncture, smoking cessation, Hepatitis C screening, and other wellness-promoting interventions.

Interim Chief of Medical Services
Dr. Katz announced the appointment of Hal F. Yee, Jr., M.D., Ph.D., as Interim Chief of the Medical Services at San Francisco General Hospital (SFGH).

Dr. Yee is the William and Mary Ann Rice Memorial Distinguished Professor and Chief of the Division of Gastroenterology and Hepatology at SFGH. He is also a member of the Biomedical Sciences Program (BMS) faculty at UCSF. Dr. Yee came to UCSF in October 2004 from the University of California Los Angeles where he was an Associate Professor of Medicine and Physiology, and served as Chief of Hepatology at the School of Medicine.

Dr. Yee received his MD and Ph.D. (in Physiology) degrees from UCLA. He is board certified in Internal Medicine and Gastroenterology. From 1990 to 1996, Dr. Yee was an Intern, Resident, Clinical Fellow, and Research Fellow at the UCSF.

There will be a national search for a permanent Chief of Medical Services. The composition of the search committee will be finalized soon. Dr. Katz thanks Dr. Yee for taking on this important role in the Department and at SFGH.

Commissioners' Comments

- Commissioner Watson asked if the State is going to put forth any mandates regarding double haul container ships. Dr. Katz said this seems like a positive step to take to prevent future accidents, but he does not know if this is going to happen. He will raise this in future discussions.

- Commissioner Dodd asked if the Department will be participating in the Assembly Hearing on toxins in nail salons. Dr. Katz asked his environmental health staff to attend the hearing.

- Commissioner Guy asked if there is a hearing on the Institutional Master Plan legislation this week. Dr. Katz received information from staff that there would be hearing at the Board of Supervisors Land Use and Economic Development Committee on November 19th. Commissioner Guy asked if the spill had any health impacts on people. Dr. Katz said the ventilators at the Ferry Building sucked in air and some people got nauseous, but there is no health impact associated with being exposed to fumes from oil. Commissioner Guy said that this will have an impact on Health Department staff as it is an added responsibility. The Commission would like to know the costs of this, and what the trade offs will be. Dr. Katz said the Health Department is keeping track of the staff time that has been dedicated to this. The hope is that the funding that the city will recover can reimburse the Health Department. Commissioner Guy is eager to hearing from the Environmental Section about long term monitoring of impacts.

- Commissioner Chow asked if commercial fishing is going to be affected from the spill, and are we watching to see that restaurants do not serve contaminated fish. Dr. Katz said the efforts are targeted toward commercial fishery. The California Department of Public Health has been working closely with the Department of Fish and Game, which has jurisdiction over commercial fishing.

## 5) EMPLOYEE RECOGNITION FOR THE MONTH OF NOVEMBER

This presentation was continued to a future Health Commission meeting.

## 6) CONSIDERATION OF A RESOLUTION DETERMINING THAT THE CLOSURE OF ST. FRANCIS MEMORIAL HOSPITAL'S HOSPITAL-BASED SKILLED NURSING UNIT WILL/WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH OF THE COMMUNITY

Public Comment

Patrick Monette Shaw (submitted a written summary of his testimony) - In the first nine months of 2007, LHH admitted 25 patients from St. Francis, compared to only 24 for all 12 months in 2006. If the 2007 trend continues through the remaining quarter, LHH will admit a total of 33 of St. Francis' patients, an increase of fully 34 percent over admissions from St. Francis in 2006.

St. Francis claims it is losing $4.2 million annually operating its 34-bed SNF, while having an average daily census of **only** 20 SNF residents and an average length-of-stay (LOS) of just 12.28 days. Laguna Honda operates 38 various specialty SNF units (wards) in approximate size to St. Francis' SNF. If St. Francis' annual loss of $4.2 million loss is cost-shifted to each LHH unit, that's an approximate loss of $182 million annually for LHH, compared to only $50 million in General Fund support, representing a significant shortfall in funding for LHH.

Commissioners' Comments

- Commissioner Illig asked what the rationale is for including a statement in the resolution about the community discharge alternatives not providing the same standard of care. Commissioner Guy said that this came out of the testimony at the previous meeting. Ms. Yant said Saint Francis has met with providers and hand selected the places that they feel comfortable will provide this level of care. This has the buy-in of both the medical staff and the Board of Saint Francis Memorial Hospital.

- Commissioner Dodd said a distinct part SNF has services that are not in a traditional long term SNF. So we really have no way of knowing that a person who gets discharged to a convalescent hospital does not get readmitted to the hospital because she was discharged to early. When you eliminate a higher level of care you do have an impact.

- Commissioner Chow said the language can be changed to "may not" provide the same standard of care.

- Commissioner Dodd made a motion to amend the resolution to say that the closure of the SNF will have a detrimental impact because it decreases the number of skilled nursing beds in San Francisco.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Sanchez, Watson) amended the first Resolved clause of the resolution to read: "Resolved that the plans made for discharge of Saint Francis Memorial Hospital patients may not provide the same standard of care, and may result in unintended readmissions of patients who need a higher level of care."

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Sanchez, Watson) amended the resolution to say that the closure of the skilled nursing unit will have a detrimental impact on the health care service of the community.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Sanchez, Watson) approved Resolution 14-07, "Determining that the Closure of St. Francis Memorial Hospital's Skilled Nursing Unit will have a detrimental impact on the health care service of the community (Attachment A).

## 7) CONSIDERATION OF A RESOLUTION APPROVING POSSIBLE PRINCIPLES TO GUIDE DEVELOPMENT OF THE DEPARTMENT OF PUBLIC HEALTH'S BUDGET FOR FISCAL YEAR 2008-2009

The Commission continued its discussion of proposed budget principles, which began at the November 6th Health Commission meeting. The proposed principles are as follows:

1. The Department shall develop a budget to include revenue increases to the maximum extent possible.
2. The Department shall first target budget cuts to programs and services that do not impact vulnerable populations.
3. The Department shall be guided by its public health mission and the DPH Strategic Plan in preparing the budget

4. Reductions will be guided by the DPH Strategic Plan goal that "Services, program and facilities are cost-effective and resources are maximized."
5. The Department will make no cuts to primary prevention, defined as measures provided to individuals to prevent the onset of a targeted condition, because the current investment in primary prevention is very small.
6. The Department will include funding to address increases in the cost of doing business for our community partners, and increases in salaries of Department employees mandated by labor agreements, even if that funding necessitates a reduction in services to finance the increased cost.
7. The Department will maintain or increase supporting housing opportunities even in the face of budget cuts because of our belief that ultimately this strategy is very cost-effective.
8. The Department will not propose budget reductions that would jeopardize licensure and accreditation of our hospitals.
9. The Department, when making service cuts, will try to mitigate them by substituting a less expensive level of service for the same population.
10. The Department may propose cuts to non-essential operations even if those reductions were restored in previous budgets.
11. Costs for Jail Health Services are the responsibility of the Sheriff's Department and will not be funded by the Health Department.
12. The Department shall ensure that fee-based programs will have fees set to recover costs.

Public Comment

Ed Warshauer, SEIU, said the Commission must avoid FPT – fixed pie thinking—in budget planning and avoid revenue estimates that are too conservative. The union will do everything they can to make the pie bigger, including submitting a petition to Congress for S-Chip. Embedded in principle 6 is FPT. Also reconsider putting forth cuts that have already been forwarded and disapproved, such as the workers compensation clinic.

Richard Heasley, Executive Director of Conard House, is glad to see the Health Commission having the discussion of the budget process at this stage. The members of the Human Services Network could not agree more with the set of principles, particularly the impact the vulnerable populations and the recognition of cost of doing business.

Commissioners' Comments

- Commissioner Dodd said one of the things missing from last year's deliberation was that the consequences of cuts were not discussed. So she would like the program managers to provide a summary of who will not get served if a particular cut is made. Dr. Katz will work to bring this information forward.

- Commissioner Guy asked if Environmental Health services such as asthma are covered by the principles. Dr. Katz said asthma is not specifically covered, because it is not primary prevention. In general most inspections are fee-based. Dr. Katz would prefer principle 3 as a whereas, because it provides a context but is not a principle.

- Commissioner Guy asked how the Health Commission would have been better off last year if it had adopted budget principles. Dr. Katz said if the Commission thinks that there should not be any cuts, they should say this up front and then staff would not be demoralized by preparing a budget for the Commission that is not approved and who are then forced to work in a different paradigm. So if this is the desire, then say that at the beginning. Commissioner Guy said we need to honestly look at other things that last year got put under structural and were therefore considered untouchable. Because when we are told to make cuts, the history has been to cut substance abuse, prevention and other things and not touch a number of other areas.

- Commissioner Illig has been concerned over the past number of years that inflationary, structural and regulatory assumptions are taken at face value, and he does not want these to be taken as a given. He will be looking for justification for each item. Dr. Katz welcomes this dialogue. Each question is a perfectly fair question, but some of it is how deep do you drill.

- Commissioner Guy said that we have to acknowledge that additional staff time will be required and that as the governing body we would to devote additional time. We need to commit to this. She is concerned about how we are going to get this capacity in the next two months.

- Commissioner Illig said a challenge to the Health Commission is to spend its time differently on the budget process and focus on the entire general fund, rather than $100,000 contracts.

- Commissioner Watson said we also have to be careful not to micromanage. Dr. Katz said to the extent that staff people feel that the Commission is forwarding ideas and priorities, they will follow along. To the extent that what they wind up hearing is that they did not do a good job, they feel undermined.

- Commissioner Dodd is hoping that these kinds of things are discussed at the Joint Conference Committees prior to coming to the Health Commission.

- Commissioner Sanchez said that regardless of the principles this Commission has worked with staff to upgrade the quality of data that is presented to ensure due diligence as one of the largest city agencies. At the same time, there could be a GAO-like unit in the Department to prepare analyses for the staff and the Commission.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Sanchez, Watson) amended the resolution to make Principle 3, "The Department shall be guided by its public health mission and the DPH Strategic Plan in preparing the budget," a whereas clause of the resolution rather than a principle.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Sanchez, Watson) approved Resolution 15-07, "Approval of Principles To Guide Development of Public Health's Budget For Fiscal Year 2008/09" (Attachment B).

## 8) HEARING TO CONSIDER AN UPDATE ON THE FUTURE OF ST. LUKE'S HOSPITAL

Dr. Martin Brotman, President and CEO, California Pacific Medical Center (CPMC) thanked the Commission for this opportunity, and he hopes it will be the first of many dialogues. The main purpose of today is to invite the Health Commission's input and involvement in its planning process. CPMC presented its long-term plans and its vision for the future of the St. Luke's campus to the Board of Supervisors City Operations and Neighborhood Services Committee on October 25th. Following this hearing CPMC received meaningful feedback about the plan, and CPMC is seeking to further engage with the many who are concerned to find common ground and create a viable and sustainable solution to ensure access to services. He summarized what CPMC must address:

1. CPMC must comply with State seismic requirements.
2. They must put in place CPMC's commitment to a citywide strategy to for the delivery of the continuum of care from before birth to death.
3. They must continue to be a San Francisco-based world class medical facility.
4. It is their firm intention to play an appropriate part in addressing the needs of the underserved in San Francisco.
5. The need for an orderly and expeditious review and approval process for their citywide plans so that they can proceed to develop their health care delivery system.

The next step is to develop a partnership with decision makers and health care planners in San Francisco, including the Mayor, the Board of Supervisors and the Health Commission.

Chris Willrich, Vice President of Strategy and Development, California Pacific Medical Center, laid out a few of the planning challenges. He said that San Francisco is served by both private systems and public institutions. This distinction is important in terms of health care planning in San Francisco. Private institutions do not receive tax supported bond money for rebuilding and receive very different Medi-Cal reimbursement rate. Further, public institutions may be handled differently by State and Local agencies. As planners, we need to ask how the roles of the six public and private health care institutions that serve the city be optimized in a way that best leverages the unique talent and circumstances of each institution . CMPC consists of four seismically obsolete campuses, all within four miles of each other. This represents a $2.4 billion price tag to bring these buildings into compliance with SB 1953. This offers the opportunity to modernize and reconfigure the CPMC system, create centers of excellence for acute care and increase emphasis on distributed and accessible ambulatory care services. This involves the creation of a new acute care hospital at Cathedral Hill. With respect to St. Luke's, collaborative planning is just beginning to get underway with the City to determine the most effective and appropriate role for St. Luke's. They goal is to modernize care in order to enhance access, improve quality and improve cost-effectiveness. The decline in St. Luke's inpatients is stark evidence of lack of physicians in the South of Market community. The payor mix, which is primarily Medi-Cal, does not support the physicians. Many residents rely on care that can be more readily treated in a primary care or ambulatory care environment.

Dr. Judy Li, Chief Administrative Officer, St. Luke's Hospital, shared progress and challenges that St. Luke's faces as an institution. She acknowledged the fear and opinions of the people that are speaking out about St. Luke's. They are committed to joint problem solving and working with the Health Commission, the Board of Supervisors, providers, staff and community representatives. Dr. Li described various programs that are underway at St. Luke's including the work at the St. Luke's

Women's Center. There is only one private physician delivering babies at St. Luke's in addition to the Women's Center. This is potentially a vulnerable model. As a result, the average daily census in NICU is 1-2 babies per day. Quantity equals quality outcomes. The bottom line commitment is that they are committed to ensure quality, safe OB care for women South of Market. Dr. Li also shared what they are doing in emergency medicine and acute care. Ms. Li and CPMC are at the Commission today to share what they are doing now and what their concerns are, and to state that they are committed to a dialogue. St. Luke's is the only private hospital South of Market and this fragile system is being strained by macroeconomic factors, including very few private physician practices South of Market, lack of specialists and inadequate Medi-Cal rates. CPMC can help, but cannot go at it alone. They stand ready to work with the city.

Public Comment

- Dr. Ken Barnes, physician at St. Luke's, said in the past Dr. Brotman said physicians were critical to the revitalization of St. Luke's. In spite the fact that there were plans, they never happened. Dr. Barnes headed physician recruitment and they recruited a number of primary care physicians. Sutter commissioned a study that determined that the population was underserved, and physicians would be eligible for additional reimbursement. Then Sutter changed its mind and financial aid disappeared. (Dr. Barnes submitted a written copy of his testimony, which is on file in the Health Commission office.)

- Dr. Laura Norrell, OB at St. Luke's, said if St. Luke's acute care closes all inpatient facilities would be located North of Market, with the exception of San Francisco General Hospital. The closing of St. Luke's will occur unless great political intervention occurs. The time is now for the City and CMPC to work together to develop a solution. St. Luke's and CPMC can be a model for a public/private collaboration. (Dr. Norrell submitted a written copy of her testimony, which is on file in the Health Commission Office.)

- Dr. Karen Makely, said if St. Luke's closes, the City's poor children will lose quality care. Pediatricians depend on hospitals for support. When an acutely ill child is seen in the clinic, they can immediately be admitted to the hospital. What is at risk is timely, quality care for the city's at risk children. They call for an immediate end to the ongoing, systematic dismantling of St. Luke's. (Dr. Makely submitted a written copy of her testimony, which is on file in the Health Commission Office.)

- Elizabeth Steinfeld read a statement from Dr. Nicole Lederman (on file on the Health Commission Office.) St. Luke's can become an outstanding hospital. Primary care doctors need a hospital to provide vital services. The doctors what the hospital reinvigorated.

- Dr. Lora Burke, St. Luke's Hospital, said she has been assured that there will be an honest exchange of information between CPMC and St. Luke's surgeons. St. Luke's staff has not been involved in any of CPMC's discussions about service reductions at St. Luke's. In light of yearly profits and non-for profit status St. Luke's should not be allowed to fall by the wayside. The first goal in to restore trust.

- Mary Michelucci, RN, nurse at St. Luke's, said the closure of the psych. ward started the current problems, followed by the downsizing of the laboratory, which led to decreased revenue for St. Luke's. Surgeons have lost workers comp. contracts. Many patients will not be able to get across town and will become another casualty of the business aspect of health care. The community is unaware of the pending closures. (Ms. Michelucci submitted a written copy of her testimony, which is on file in the Health Commission Office.)

- Catherine Stefani, legislative aide to Supervisor Alioto-Pier, said Supervisor Alioto Pier called for a hearing on CPMC's plans. CPMC expressed that they are looking forward to a dialogue with officials, health planners and other stakeholders. Supervisor Alioto-Pier is concerned about the most recent announcement to consolidate NICU and pediatrics. This was done with no dialogue. A decision was made and now we are in a defensive posture. Second, it was made perfectly clear that in order for CPMC to move foreward, the Board of Supervisors wanted to see an institutional master plan. The supervisor views the closures as CPMC's desire to work alone.

- Pat Coleman, ED of Coleman Medical Center, said the CPMC plan to close St. Luke's deprives the Bayview of quality health care. Having eight hospitals located North of Market and no private hospitals South of Market is a glaring disparity in itself. In February of this year, CPMC began chipping away at services at her clinic. This hardly supports CPMC's claim of enhancing community services.

- Maria Regalado, RN, nurse at St. Luke's, represents the nurses that work on the surgical floor. The past week they have had a high census. They were told that if there was no room they would send patients to Davies. Just recently Davies refused a patient because he had no insurance. The five RNs who were afraid for their jobs have already quit because of the confusion. There is also confusion around who they could admit.

- Jane Sandoval, R.N., as nurse at St. Luke's, presented slides showing who serves the underserved in San Francisco. (On file in the Health Commission Office).

- Minerva Dunn said that she received excellent service at St. Luke's. She went to seven different hospitals but all she received was emergency treatment then was sent home. The spirit and the love is what you feel when you go to St. Luke's hospital.

- Tori Freidman said her daughter was born at St. Luke's and if it weren't for the pediatric team in the room her daughter wouldn't be here today. She really values St. Luke's as a hospital. Please don't let it close.

- Pauline Peele has insurance and she chooses to support St. Luke's. Her husband had surgery there from one of the top hand specialists. She hopes they can stem the outflow of specialty doctors. If CPMC is saving money by creating an ambulatory campus, she wonders about the cost to the patients and their families to go across town to get services and visit patients. Thousands more families are going to come to the Bayview and South of Market and they will want a hospital.

- Dr. Bonita Palmer said the original hospital mission statement was revolutionary. Today St. Luke's faces imminent collapse. Sutter Health has not bought into the mission and no longer has plans to support the hospital. The trust has been betrayed, placing corporate profits ahead of the patients. They call on the administration to immediately halt closures of inpatient services. (Dr. Palmer submitted a written copy of her testimony, which is on file in the Health Commission Office.)

- Jason Fried, UHW, said the idea of a stand-alone emergency room is a bad idea. The standby ER model was not meant for urban use. We need to carefully look at how they are doing this process. The closest ER will be San Francisco General Hospital, which is always overcrowded. We need a free standing hospital at St. Luke's.

- Mauricio Vela, Bernal Heights Neighborhood Association, said it seems like everything is being taken away from the working people of San Francisco. They need first-class health care in the Mission and Bernal Heights neighborhoods. He is opposed to the closure. They need to keep an inpatient facility, including pediatrics and NICU.

- Zeny Cortez, RN, said that St. Luke's serves many underserved patients. The proposed closure is clear cut medical redlining. 40 percent of St. Luke's discharges are Hispanic, compared to one percent of discharges at CPMC. (Ms. Cortez submitted a written statement, which is on file on the Health Commission Office.)

- Dr. Marc Snyder, St.Luke's Hospital, is concerned that a stand by emergency room will not accept ambulance care and will result in longer ambulance travel time as well as increased diversion. Further, patients will end up at hospitals where their doctors do not practice. Is it fair and just that $1.7 billion be spent on a hospital North of Market and $0 on a hospital South of Market? Shouldn't the City work with CPMC to find a solution, and what will the Health Commission do to keep St. Luke's Hospital alive? (Dr. Synder submitted a written copy of his testimony, which is on file in the Health Commission Office.)

- Jane Martin, Bernal Heights Neighborhood Center, said they need help to make Sutter keep a hospital in their neighborhood and expose what Sutter is doing to undermine St. Luke's.

- Julio Ramos, SFCC Board of Trustees, said the Health Commission must do everything in its power to preserve St. Luke's. The treatment there is on par with any other hospital. His grandmother attributes her excellent recovery to the service she received at St. Luke's. San Francisco cannot afford to lose this type of facility.

- Zenaida Javier said St. Luke's serves an important role in the health care of San Francisco. It is the only private hospital South of Market. The drop in discharges at St. Luke's is a direct result of Sutter closing discharge services. CMPC must work with the city, staff and the community to develop a plan for St. Luke's to serve San Francisco in the future.

- Tim Paulson, Executive Director of San Francisco Labor Council, said staff at St. Luke's have a tremendous lack of a voice at work. The fact that employees must trudge down to Board of Supervisors and Health Commission to have their voice heard is abhorrent. Decisions that are being made by this chain are going in the wrong direction—exactly opposite of where San Francisco is going.

- Joanne Moore said she has had life-saving care at St. Luke's. She also did physical therapy at St. Luke's. Now she volunteers at St. Luke's. This hospital is really needed. If it closes, the wait will be extremely long at San Francisco General Hospital.

- Angie Giovannoni, who works in St. Luke's NICU, said a child has never been turned away because of lack of insurance. They are like a family at St. Luke's. She is troubled by the noticeable downgrade of services in pediatrics. She has seen on several occasions parents bringing their sick babies to the emergency room. What would happen if someone from the neighborhood comes to St. Luke's and there are no services? The people South of Market deserve to have their babies born safely and close to their homes. (Ms. Giovannoni submitted a written copy of her testimony, which is on file in the Health Commission Office.)

- Ed Warshauer, SEIU, said his union wants the best possible health care for the residents of San Francisco. In order for this to happen, St. Luke's has to stay open at full capacity. When hospitals close they burden already overburdened public hospitals. Sutter made a $130 million profit in San Francisco last year so there should be sufficient resources to keep the hospital going.

- Sarah Reed transferred to St. Luke's from CPMC when she was preparing to have her son in 2003 and he has been served at St. Luke's pediatrics since he was born. She could go anywhere in the city but she chooses St. Luke's.

- Emma Cruz, RN, said what CPMC is doing to St. Luke's is not treating them like the family they promised it would be. Dr. Brotman sent a letter promising that Sutter would help to rebuild the St. Luke's campus, but she never hears anything about this anymore.

Commissioners' Comments

- Commissioner Dodd said it concerns her that they are just now developing a partnership with the Health Commission, the Board of Supervisors and the public. She would rather see collarborative planning around the future of health care rather than this process being driven by one institution. Commissioner Dodd asked if St. Luke's has critical care, and if so how many beds. Mr. Willrich said there are 10 beds. Commissioner Dodd said if we add more ambulatory care, this will add more admissions at an inpatient facility. It is unlikely that people who are getting care at St. Luke's, who are primarily Medi-Cal, are going to come into another form of reimbursement. So where are they going to get services? Mr. Willrich said this is part of the discussion. They envision incurring losses long term at St. Luke's. They also envision continuing to invest capital dollars in St. Luke's over the long term. They want to make sure that how this money is spent and invested are going to lead to the maximum benefit of the community. Commissioner Dodd said there is a significant amount of primary care South of Market. Her question is where these people are going to be admitted. Mr. Willrich said they are here to dialogue about this. Mr. Willirch said in the plan they presented to the Board of Supervisors, they have more than adequate capacity to absorb these patients on CPMC's existing campuses. The question is whether some amount of acute capacity should be maintained at St. Luke's. Mr. Willrich said they are committed to maintaining Medi-Cal services. This is not driven by making a profit.

- Commissioner Chow is impressed again by the testimony and by the St. Luke's community. A number of years ago the Health Commission, when hearing testimony regarding the proposed affiliation with Sutter, had some question that joining with Sutter would be in the best interest of St. Luke's. In the meantime Sutter and CPMC have grown into an impressive medical care system, and have been able to do this with a positive bottom line. Maybe this was the right solution, because with these resources there could be the beginning of a new St. Luke's. He would like further dialogue with CPMC to secure an institution on Van Ness Avenue but retain services at St. Luke's to serve that community and the need for new acute beds in the South of Market community. He is hoping that there can be real planning that would result in a different vision and a different model for St. Luke's. (Commissioner Chow left the meeting at 5:45 p.m.)

- Commissioner Illig confirmed that the affiliation between St. Luke's and Sutter was a result of a settlement. Dr. Brotman said they negotiated a settlement between Sutter and St. Luke's, which guaranteed among other things to keep St. Luke's open until 2009. In January 2007, CPMC took St. Luke's on as its fourth campus. CPMC is not backing away from its commitment to that community. What has to be decided now is how to best preserve the mission of St. Luke's. If Medi-Cal would pay what they pay Alta Bates, Eden and others, St. Luke's would not have a problem. Commissioner Illig asked if one potential is to rebuild CPMC on the St. Luke's campus. Dr. Brotman said that would not work for business practice, given where their patients come from and where their doctors are located. Commissioner Illig said he detects a different attitude from CPMC than he detected at the Board of Supervisors, and he applauds this change. Community-based means talking and listening to the community, and not for profit means not for profit. There is a vast majority of people served by St. Luke's who do not feel comfortable at the other CPMC campuses, and we need to work together on this. All of us have to share the Medi-Cal burden. He looks forward to a dialogue.

- Commissioner Guy said it is important to share the update to the plan since the Board of Supervisors hearing. Dr. Brotman said in the time since the Board of Supervisors hearing they have been doing a lot of listening and analyzing. They cannot solve the problem of the Medi-Cal population by itself. They are working with the HAP to see how CPMC can become the medical home for Healthy San Francisco enrollees. In terms of the plan, they have to meet with many people. They are dealing with CMAQ now regarding reimbursement rates. They are open minded and the Health Commission will see every possible effort to address this responsibly. He will not make irresponsible decisions—they are stewards of public funds.

- Commissioner Watson asked what other structures they have looked at in the St. Luke's vicinity as potential rebuild locations. Dr. Brotman said they looked at every possible location in San Francisco and have thoroughly studied rebuilding at St. Luke's. But they cannot retrofit the acute care hospital.

- Commissioner Guy said several times in the presentation the point was made that CPMC is a private hospital, and cannot go to the general fund the way San Francisco General Hospital can. She is challenged by this. CPMC is not a private hospital. They can be if they want to be. As a non-profit it is true that they cannot go to the general fund, but on the other hand they do not pay taxes. So even though they do not get direct dollars from the till, not paying taxes counts for something. She never sees this acknowledged. Second, they are saying they want a dialogue but at the same time she is hearing that things are closing now. She needs clarification around this because this is a contradiction. Dr. Brotman said that they will not back away from uniform quality of care for all patients at CPMC and there is a direct link between quantity and quality outcomes. He will base the decisions on quality of care and if the obstetricians can provide data that quality of care is not compromised by low numbers, he will listen. Regarding her first issue, CPMC is a community-based institution, not a for-profit hospital and profits should go back into patient care.

- Commissioner Dodd said the Health Commission is prepared to invest some intensive care in CPMC and Sutter if this is required. This is the first she has heard that CPMC has a problem with its Medi-Cal rates. People have informal relationships they can tap into to help save St. Luke's. There are community members that want to be helpful and part of what CPMC must do is ask for help. The Health Commission plans to do planning for health care in San Francisco and intends it to be participatory. She also thinks that charity care is being confused with SB 697 obligations. Many of the programs Dr. Brotman described as not meeting charity care requirements do help CPMC meet its SB 697 obligation. When she worked for Congressman Pelosi, in 2001 there was a commitment by Dr. Brotman to save St. Luke's and she wants to know what went wrong. She thinks it is incredible that St. Luke's delivers 1300 babies a year and only has 1-2 NICU patients a day. This is a testimony to the quality of St. Luke's prenatal care. It would be nice if other hospitals could have this level of success. When the CHN had its presentation on emergency transport, the question was asked what would happen if St. Luke's closed its emergency room. It was clear that taking patients to Van Ness would back up emergency response times, which are already above State average. She hopes CPMC is genuine in coming to the planning table to discuss all hospitals in San Francisco, in addition to CPMC.

- Commissioner Watson said it seems that the plan is underway. What information can Dr. Brotman give him to demonstrate that they are sincere? Dr. Brotman said, with Dr. Katz's leadership, they would go to the table, flesh out what they have been doing in terms of investing in St. Luke's, what they are planning, hear more about plans for San Francisco General Hospital, further analyze the concept of a stand alone emergency departments, among other things. He must address the fact that St. Luke's is losing $36 million per year.

- Commissioner Sanchez asked Dr. Katz to comment. Dr. Katz said he feels like today's presentations were different from the Board of Supervisors presentation. Not all problems are solvable but he believes this one is. It is possible to have a thriving St. Luke's hospital, which is the right thing for the city. The biggest challenges: it is hard to simultaneously plan for the future while there are closures; and the health care seeking behavior of people who are middle class or above is inherently different than the health care seeking behavior of low income people. High volume specialization is one of the methods of getting the highest quality care but this has to be balanced with the fact that the lower income person might not access this care. If the goal is a thriving campus at St. Luke's, then he and others can be actively involved in working with CPMC and bringing things to the table. They do not want to be involved in an effort if there is the foregone decision that St. Luke's is going to close.

- Commissioner Sanchez thanked everyone for participating in this constructive dialogue. Many of the Commissioners have heard from CPMC in different contexts. St. Luke's has some of the most outstanding culturally competent providers in the nation, and we cannot lose this. He is pleased that Dr. Brotman took on this mission when he took over St. Luke's. The lines of communication are open. The next opportunity for formal dialogue is December 4th.

- Commissioner Dodd asked Dr. Katz to send a letter to Dr. Brotman documenting the statements he made about working with CPMC.

## 9) PUBLIC COMMENT

None.

## 10) OTHER BUSINESS

None.

## 11) COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS

None.

## 12) ADJOURNMENT

The meeting was adjourned at 7:30 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

**HEALTH COMMISSION**
**CITY AND COUNTY OF SAN FRANCISCO**
**Resolution No. 14-05**

# DETERMINING THAT THE CLOSURE OF SAINT FRANCIS MEMORIAL HOSPITAL'S SKILLED NURSING UNIT WILL HAVE A DETRIMENTAL IMPACT ON THE HEALTH CARE SERVICE OF THE COMMUNITY

WHEREAS, Saint Francis Memorial Hospital operates a 34 bed skilled nursing unit, which opened in 198[illegible]; and

WHEREAS, Saint Francis Memorial Hospital plans to close its skilled nursing unit, effective December 15, 2007; and

WHEREAS, the San Francisco Health Commission, in accordance with the Community Health Care Planning Ordinance (Proposition Q) held a public hearing on November 6, 2007, regarding the closure of Saint Francis Memorial Hospital's skilled nursing unit; and

WHEREAS, Saint Francis Memorial Hospital has testified that the skilled nursing unit is used primarily to discharge its patients out of acute care and has an average length of stay of 12.2 days; and

WHEREAS, Saint Francis Memorial Hospital has been referring patients discharged from Saint Francis Memorial Hospital who require skilled nursing care to community based skilled nursing facilities, including Saint Mary's Medical Center, and has done so without any impact on the quality of service for these patients; and

WHEREAS, after the closure of the skilled nursing unit, Saint Francis Memorial Hospital patients requiring this level of care will be discharged to a community SNF or will remain in a medical surgical bed until such arrangements can be made; and

WHEREAS, Saint Francis Memorial Hospital has secured a bed hold contract with Kindred Healthcare who owns and operates four facilities in San Francisco and is actively pursing a similar arrangement with Grove Street SNF; and

WHEREAS, Saint Francis Memorial Hospital has developed other discharge partnerships, including San Francisco Senior Center Homecoming Services, Institute on Aging Discharge Services, Saint Anthony's, Glide and South of Market Health Center respite partnerships; and

WHEREAS, the demand for skilled nursing facility beds in San Francisco currently exceeds supply, particularly in the area of long-term care skilled nursing facility beds; now, therefore, be it

## HEALTH COMMISSION
### CITY AND COUNTY OF SAN FRANCISCO
### Resolution No. 14-05 (continued)

RESOLVED, that the plans made for discharge of Saint Francis Memorial Hospital patients may not provide the same standard of care, and may result in unintended readmissions of patients who need a higher level of care; and be it

FURTHER RESOLVED, that the closure of the skilled nursing unit at Saint Francis Memorial Hospital will have a detrimental impact on the health care service of the community because it decreases the number of skilled nursing beds in San Francisco; and be it

FURTHER RESOLVED, that Saint Francis Memorial Hospital is commended for its efforts to reduce the effect of the closure of the skilled nursing service on the community; and be it

FURTHER RESOLVED that the Health Commission and Health Department must take a leadership role in planning for the needs of health care service in the community by calling together all institutions and organizations concerned including the City Planning Department.

I hereby certify that the San Francisco Health Commission at its meeting of November 13, 2007 adopted the foregoing resolution.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health
Commission

Attachment A

**HEALTH COMMISSION**
**City and County of San Francisco**
**Resolution No. 15-07**

## APPROVAL OF PRINCIPLES TO GUIDE DEVELOPMENT OF PUBLIC HEALTH'S BUDGET FOR FISCAL YEAR 2008/09

WHEREAS, the Mayor's Budget Office and Controller's office are indicating that the fiscal year 2008/09 will open in deficit; and,

WHEREAS, by Charter, the City must deliver a balanced budget; and,

WHEREAS, the Budget Instructions will predictably require Departments to reduce spending to produce a balanced budget; and,

WHEREAS, the Health Department is the largest department in the City and will be required to reduce spending; and,

WHEREAS, the Department is projecting that spending in the current year will exceed budgeted appropriations, and must submit a plan to reduce spending in the current year; and,

WHEREAS, the structural budget issues that are contributing to current year overspending will continue into the 2008-09 budget year; and,

WHEREAS, the Health Commission has requested that there be increased communication to and participation by the Health Commission in the development of the budget; and,

WHEREAS, in previous years, the timing budget process has not provided sufficient opportunity for greater participation by the Health Commission; and,

WHEREAS, the Department shall be guided by its public health mission and the DPH Strategic Plan in preparing the budget; now, therefore, be it

RESOLVED, that the Health Commission adopts the following principles to guide the Department in identifying strategies to deliver a balanced budget:

1. The Department shall develop a budget to include revenue increases to the maximum extent possible.
2. The Department shall first target budget cuts to programs and services that do not impact vulnerable populations.
3. Reductions will be guided by the DPH Strategic Plan goal that "Services, program and facilities are cost-effective and resources are maximized."
4. The Department will make no cuts to primary prevention, defined as measures provided to individuals to prevent the onset of a targeted condition, because the current investment in primary prevention is very small.

**HEALTH COMMISSION**
**City and County of San Francisco**
**Resolution No. 15-07 (continued)**

5. The Department will include funding to address increases in the cost of doing business for our community partners, and increases in salaries of Department employees mandated by labor agreements, even if that funding necessitates a reduction in services to finance the increased cost.
6. The Department will maintain or increase supporting housing opportunities even in the face of budget cuts because of our belief that ultimately this strategy is very cost-effective.
7. The Department will not propose budget reductions that would jeopardize licensure and accreditation of our hospitals.
8. The Department, when making service cuts, will try to mitigate them by substituting a less expensive level of service for the same population.
9. The Department may propose cuts to non-essential operations even if those reductions were restored in previous budgets.
10. Costs for Jail Health Services are the responsibility of the Sheriff's Department and will not be funded by the Health Department.
11. The Department shall ensure that fee-based programs will have fees set to recover costs.

I hereby certify that the San Francisco Health Commission at its meeting of November 13, 2007 adopted the foregoing resolution.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

**City and County of San Francisco**
**HEALTH COMMISSION**
**Department of Public Health**
**101 Grove Street, Room #311**
**San Francisco, CA 94102**

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Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Michele M. Seaton**
Executive Secretary

**TEL (415) 554-2666**
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**Web Site: http://www.sfdph.org**

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# RESCHEDULE NOTICE

# FOR

# SAN FRANCISCO HEALTH COMMISSION

**The San Francisco Health Commission meeting scheduled for Tuesday, November 20, 2007 has been rescheduled to**

## Tuesday, November 13, 2007, 3:00 p.m.

**An agenda will follow.**

**For information please call the Commission Office at 554-2666.**

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**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
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# NOTICE OF SPECIAL HEARING

## HEALTH COMMISSION

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earing

Tuesday, December 4, 2007
Time Specific: 3:30 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102

Public Hearing in accordance with the Health Care Planning Ordinance (Proposition Q, 1988) to consider the impact of the following changes, effective February 13, 2008, on health care services of the community from California Pacific Medical Center, St. Luke's Campus:

- **Consolidate the Neonatal Intensive Care Unit (NICU) from the St. Luke's Campus to the California Campus**
- **Consolidate the Inpatient Pediatric program from the St. Luke's Campus to the California Campus**

Persons unable to attend this public hearing may submit written comments to the Health Commission, President Lee Ann Monfredini, 101 Grove Street, Room 311, San Francisco, CA 94102.

(Posted November 6, 2007)

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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**HEALTH COMMISSION**

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# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, December 4, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

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***The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove**. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.*

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

**PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 13, 2007**
**Minutes of the meeting of November 13, 2007*

## 3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

For Approval

*(3.1)* **PHP-Community Health Promotion and Prevention** – Request for approval to accept and expend retroactively a two year grant from Kaiser Permanente, in the amount of $150,000, in support of Shape Up BVHP (chronic disease prevention), utilizing community and school-based gardens, for the period of October 1, 2007 through September 30, 2009.
** Grant summary, Grant information form, Budget page*

*(3.2)* **PHP-Community Disease Control & Prevention** – Request for approval of a contract modification with San Francisco Study Center, in the amount of $61,476, for a total contract amount of $690,379, which includes a 12% contingency, to provide fiscal intermediary services, for the period of August 31, 2005 through August 9, 2008 (2 years, 11.25 months).
** Contract summary*

*(3.3)* **AIDS OFFICE-HIV Prevention** – Request for approval of a contract modification to FY 07/08 of a multi-year contract with PHFE Management Solutions, to add the amount of $143,807, for a contract total of $358,189, to provide fiscal intermediary support for the HIV/AIDS Statistics & Epidemiology Section Core Surveillance program activities, for the period of September 1, 2006 through December 31, 2007 (1.4 years).
** Contract summary, Monitoring report summary, Client demographic information form*

*(3.4)* **PHP-EHS** – Request for approval of a contract modification with Mission Economic Development Association, in the amount of $103,185, for a total contract amount of $216,787, which includes a 12% contingency, to provide ongoing fiscal management services for the Day Laborers Program, for the period of October 1, 2006 through September 29, 2008 (2 years).
** Contract summary, Monitoring report summary*

*(3.5)* **BHS** – Request for approval of a retroactive contract renewal with Regents of the University of California Center on Deafness, in the amount of $527,173 per year, for a total contract amount of $790,759, which includes a 12% contingency, to provide substance abuse and mental health services to the deaf and hard of hearing, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Monitoring report summaries, Plans of Correction, Client demographic information forms*

*(3.6)* **BHS** – Request for approval of a retroactive renewal contract with the Larkin Street Youth Services, in the amount of $809,652 per year, for a total contract amount of $2,267,026, which includes a 12% contingency, to provide mental health services to transitional-aged youth, for the period of July 1, 2007 through December 31, 2009 (2.5 years).
** Contract summary, Client demographic information form*

*(3.7)* **BHS** – Request for approval of retroactive renewal contract with Victor Treatment Centers, Inc., in the amount of $586,535 per year, for a total contract value of $2,639,408, which includes a 12% contingency, to provide mental health treatment services to children, adult and geriatric populations, for the period of July 1, 2007 through June 30, 2011 (4.5 years).
** Contract summary, Monitoring report summary, Program review changes approval form, Client demographic information form*

For Discussion and Approval

*(3.8)* **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive new contract with PHFE Management Solutions, in the amount of $666,699, which includes a 12% contingency, to provide fiscal intermediary services to support HIV Prevention Program services, for the period of July 1, 2007 through June 30, 2008 (1 year).
** Contract summary, Monitoring report summary, Client demographic information form*

*(3.9)* **BHS** – Request for approval of a retroactive renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $5,883,273 per year, for a total contract amount of $9,883,900, which includes a 12% contingency, to provide mental health and substance abuse treatment services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).
** Contract summary, Monitoring report summaries, Plans of correction, Program review changes approval form, Client demographic information forms*

*(3.10)* **BHS** – Request for approval of a retroactive new contract with Special Service for Groups' Occupational Therapy Training Program of San Francisco, in the amount of $95,000 per year, for a total contract amount of $266,000, which includes a 12% contingency, to provide early and periodic screening, diagnosis and treatment mental health services for elementary school-aged children, for the period of October 1, 2007 through December 31, 2009 (2.25 years).
** Contract summary, Client demographic information form*

**4) FOR DISCUSSION: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

**5) FOR DISCUSSION: PUBLIC HEARING IN ACCORDANCE WITH THE COMMUNITY HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q) TO CONSIDER THE IMPACT OF THE CLOSURE OF CALIFORNIA PACIFIC MEDICAL CENTER ST. LUKE'S CAMPUS NEONATAL INTENSIVE CARE UNIT**

**TIME CERTAIN: 3:30**

**6) FOR DISCUSSION AND POSSIBLE ACTION: APPROVAL OF A REVENUE SUPPLEMENTAL APPROPRIATION FOR SAN FRANCISCO GENERAL HOSPITAL AND LAGUNA HONDA HOSPITAL**
(Gregg Sass, CFO)
**Supplemental Appropriation*

**7) FOR DISCUSSION: LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE**
(John Thomas, Program Manager, Laguna Honda Replacement Project)
**Update*

8) **FOR DISCUSSION AND POSSIBLE ACTION:** **PRESENTATION OF THE LAGUNA HONDA HOSPITAL ASSISTED LIVING FEASIBILITY STUDY AND CONSIDERATION OF A RESOLUTION ACCEPTING THE STUDY**
(John Kanaley, Executive Administrator, Laguna Honda Hospital and Rehabilitation Center)
**Feasibility Study, Resolution*

9) **PUBLIC COMMENT** **

10) **OTHER BUSINESS*****

11) **COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS**

12) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

**Accessible Meeting Policy**
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

## Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

## San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

## Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**Lee Ann Monfredini**
President

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Vice President

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Commissioner

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Commissioner

**Markus Watson, D.D.S.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, December 4, 2007**
**At**
**3:00 p.m.**
**101 GROVE STREET, ROOM 300**
**San Francisco, CA 94102**

## 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:05 p.m.

Present: Commissioner Lee Ann Monfredini, President
Commissioner David Sanchez, Ph.D., Vice President
Commissioner Edward Chow, M.D.
Commissioner Catherine Dodd, Ph.D.
Commissioner Roma Guy, M.S.W.
Commissioner James Illig

Absent: Commissioner Markus Watson, D.D.S.

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 13, 2007

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Monfredini, Sanchez) approved the minutes of the November 13, 2007 Health Commission meeting.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow attended the Budget Committee meeting. The Committee requested that Item 3.1 and Item 3.7 be moved to the discussion section of the agenda.

For Approval

*(3.2)* **PHP-Community Disease Control & Prevention** – Request for approval of a contract modification with San Francisco Study Center, in the amount of $61,476, for a total contract amount of $690,379, which includes a 12% contingency, to provide fiscal intermediary services, for the period of August 31, 2005 through August 9, 2008 (2 years, 11.25 months).

*(3.3)* **AIDS OFFICE-HIV Prevention** – Request for approval of a contract modification to FY 07/08 of a multi-year contract with PHFE Management Solutions, to add the amount of $143,807, for a contract total of $358,189, to provide fiscal intermediary support for the HIV/AIDS Statistics & Epidemiology Section Core Surveillance program activities, for the period of September 1, 2006 through December 31, 2007 (1.4 years).

*(3.4)* **PHP-EHS** – Request for approval of a contract modification with Mission Economic Development Association, in the amount of $103,185, for a total contract amount of $216,787, which includes a 12% contingency, to provide ongoing fiscal management services for the Day Laborers Program, for the period of October 1, 2006 through September 29, 2008 (2 years).

*(3.5)* **BHS** – Request for approval of a retroactive contract renewal with Regents of the University of California Center on Deafness, in the amount of $527,173 per year, for a total contract amount of $790,759, which includes a 12% contingency, to provide substance abuse and mental health services to the deaf and hard of hearing, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

*(3.6)* **BHS** – Request for approval of a retroactive renewal contract with the Larkin Street Youth Services, in the amount of $809,652 per year, for a total contract amount of $2,267,026, which includes a 12% contingency, to provide mental health services to transitional-aged youth, for the period of July 1, 2007 through December 31, 2009 (2.5 years).

For Discussion and Approval

*(3.1)* **PHP-Community Health Promotion and Prevention** – Request for approval to accept and expend retroactively a two year grant from Kaiser Permanente, in the amount of $150,000, in support of Shape Up BVHP (chronic disease prevention), utilizing community and school-based gardens, for the period of October 1, 2007 through September 30, 2009.

Commissioners' Comments

- Commissioner Chow asked how much of the FI is direct services and how much is the Study Center's fee. Christina Carpenter, Community Health Promotion and Prevention, said the FI fee is 10 percent, which is $5,910. The rest of the money goes to the program itself.

*(3.7)* **BHS** – Request for approval of retroactive renewal contract with Victor Treatment Centers, Inc., in the amount of $586,535 per year, for a total contract value of $2,639,408, which includes a 12% contingency, to provide mental health treatment services to children, adult and geriatric populations, for the period of July 1, 2007 through June 30, 2011 (4.5 years).

Commissioners' Comments

- Commissioner Chow said it seems from the contract documents that there is a substantial decrease in the number of FTEs on this contract, but only a small budget decrease. Ms. Weinstein, CBHS, said this is a clerical error. Last year's FTE count was 8.77 and this contract has 7.41 FTE, which is a small decrease.

- Commissioner Sanchez asked for clarification about the number of Board members. Mr. Sternberg, Executive Administrator Victor Treatment Centers, said there are five board members. The seven listed in the contract document is incorrect.

*(3.8)* **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive new contract with PHFE Management Solutions, in the amount of $666,699, which includes a 12% contingency, to provide fiscal intermediary services to support HIV Prevention Program services, for the period of July 1, 2007 through June 30, 2008 (1 year).

Commissioners' Comments

- Commissioner Chow asked what lessons will be learned from the assessments done as part of this contract. Ms. Packer said as an example the information on African American men would be able to be added to the HIV Prevention Plan. Other data will inform the Department's testing program.

- Commissioner Sanchez said that a number of entities have worked in this area—UC Berkeley, UCSF, San Francisco State and others. It would be a unique opportunity to bring together with all entities to develop a comprehensive assessment based on various clinic trials. Ms. Packer said that when they develop their HIV Prevention Plan, they do a secondary analysis and look at all studies that have been done on high priority populations.

*(3.9)* **BHS** – Request for approval of a retroactive renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $5,883,273 per year, for a total contract amount of $9,883,900, which includes a 12% contingency, to provide mental health and substance abuse treatment services, for the period of July 1, 2007 through December 31, 2008 (1.5 years).

Commissioners' Comments

- Commissioner Chow said there is a sum of $666,666 for the 13th Street Drop in Center without any budget detail to support this allocation. The Commission understands what the center does, but the documents do not provide information about the number of staff for that program and the number of clients served. Rudy Aguilar, CBHS, said that the contract documents include this budget detail. In general, Buster Place has an average of 78 clients per day, and as many as 100 clients in the evenings. Commissioner Chow asked that this information be included in future contract documents.

- Commissioner Sanchez asked if the same people who are served during the say are part of the group that is seen at night. John Eckstrum, CEO, Haight Ashbury Free Clinics, said they see anywhere from 100-200 unique individuals come into the program. They place approximately 50 people a night in shelters. The facility is open 24/7, and security is provided by the San Francisco Police Department.

- Commissioner Chow appreciates the understanding of the level of services being provided. Commissioner Chow asked if the $666,000 was a 15-month contract. Mr. Aguilar said it is an eight month allocation. Mr. Eckstrom said HAFC was engaged to provide the services for eight months as a sole source until the Health Department can go through an RFP process. So this contract goes from July 1, 2007 to February 28, 2008.

*(3.10)* **BHS** – Request for approval of a retroactive new contract with Special Service for Groups' Occupational Therapy Training Program of San Francisco, in the amount of $95,000 per year, for a total contract amount of $266,000, which includes a 12% contingency, to provide early and periodic screening, diagnosis and treatment mental health services for elementary school-aged children, for the period of October 1, 2007 through December 31, 2009 (2.25 years).

Commissioners' Comments

- Commissioner Chow asked how many clients would be served. Colleen Devine, Special Service for Groups, said for this pilot project they will identify and work with 20 children. Commissioner Chow confirmed that general funds are needed for the State match and Ms. Chan-Sew said yes. Commissioner Chow asked how the case management unit cost was developed. Ms. Chan-Sew said this is the Medi-Cal rate. The demographic information is projected and is based by the demographics of children served by the Family Mosaic project.

- Commissioner Sanchez asked if there is longitudinal data for the program in Los Angeles County. Ms. Devine said there are studies that have been done and continue to be done in Los Angeles County and this will continue with the San Francisco program.

- Commissioner Chow asked what positive outcomes have been achieved or are projected for this pilot program. Ms. Chan-Sew said the primary impact is staying in school and being academically successful. The program focuses on providing support at the school site. The contract has specific objectives. Commissioner Chow asked how successful they have been in Los Angeles. Ms. Devine said that a large percentage of students they have worked with have successfully completed high school, with a number getting jobs and a number going on to community college. She will provide the statistics to the Health Commission.

  Action Taken: The Commission (Chow, Dodd, Guy, Illig, Monfredini, Sanchez) approved the Budget Committee Consent Calendar.

## 4) DIRECTOR'S REPORT

Barbara Garcia, Deputy Director of Health, Director, Community Program, presented the Director's Report.

FY 2008-09 Budget Instructions
The Mayor's Budget Office released the FY 2008-09 budget instructions last week. A $229 million City-Wide General Fund shortfall is projected for FY 2008-09 and an additional deficit projected for FY 2009-10.

General revenues are projected to grow by $119 million or 5%. Any additional revenue growth above 5% will require deposits to the Rainy Day Reserve and very little will be available for General Fund spending. The growth is offset by a $110 million projected loss of one-time sources that were used to balance the FY 2007-08 budget. The result is a General Fund revenue growth of only $9 million.

The $9 million growth in revenues is offset by a $238 million increase in expenditures resulting from:

- Voter approved mandated spending requirements - $72 million.
- Previously anticipated MOU cost increase and position annualizations - $111 million. This includes in new police officers, nurses and park maintenance staff.
- Health, dental, pension and other benefits increases - $22 million.
- Other operating costs - $34 million.

The budget instructions are as follows:

- Submit budget savings equal to 8% of the current General Fund support. This is a $28.1 million reduction for DPH. The 8% reduction may include up to 3% in one-time savings - $10.5 million. Due to our current projected shortfall of $27.8 million, the reduction target increases to $55.9 million.
- Submit additional contingency savings of 5% -$16.16 million.
- Prioritize operating efficiencies, (i.e. reductions in administrative staffing and overhead costs) over reductions in core services.
- Consider cost increases facing non-profit contractors. Funds may need to be reallocated within the base budget to supplement funding for contracts with agencies that would otherwise be unable to continue service delivery, or to reduce contracted units of service.
- Work with the Mayor's Budget Office on mid-year cuts to help address next year's shortfall.
- Request one-time funding for efficiency measures that result in long-term General Fund savings or revenue enhancement.
- No budget submission can exceed the department target.

There is a City-wide hiring freeze on all non-essential positions. Approved, vacant positions may require additional justification and re-evaluation by the Mayor's Budget Office.

We will work with our analyst in the Mayor's Budget Office over the next few weeks and keep the Commission apprised of any new developments.

Death of Flo Stroud
It is with great sadness that we acknowledge the recent death of Florence (Flo) Stroud. Ms. Stroud worked for the Department of Public Health for many years, leaving behind a rich legacy of commitment to underserved communities. A memorial service was held on November 24 with many DPH staff in attendance. We are grateful to Flo for her many years of service to public health.

Chambers Lawsuit Settlement

On November 26, 2007, the City reached a settlement agreement in the *Chambers* class action lawsuit. In order to move forward, the agreement will need approval from the Health Commission and the Board of Supervisors. We anticipate bringing this issue before you early in 2008.

The settlement establishes the Success at Home program, a joint venture of the Health Department and the Department of Aging and Adult Services. The two agencies will establish a Diversity and Community Integration Program (DCIP) which will create a community living plan for each client to match the most appropriate housing and wrap-around services to the client's needs and preferences.

The over-arching goal is to place people in the community who want to be there and are capable of living without skilled nursing care. Our goal is to house 100 people in the community per year over the next five years.

Eligible clients for Success at Home are the class members in *Chambers*, which include current residents of Laguna Honda as well as those who have been discharged in the last two years, are on a waiting list for Laguna, or are patients at San Francisco General Hospital.
Decisions about out-placement will be made by the residents themselves working with DCIP staff to find a suitable, community-based housing option that supports their independence, improved health status, and overall well being. We believe this agreement is an important step in allowing individuals to live as independently as possible.

STD Update

In November 2007, The Centers for Disease Control and Prevention (CDC) released the 2006 summary of sexually transmitted diseases (STDs) in the United States. The report highlighted the national increase in reported chlamydia, likely a result of improved screening coverage, increases in gonorrhea, particularly in the western United States, and the expanding syphilis epidemic, mostly impacting gay men and other men who have sex with men.

In San Francisco, total chlamydia reports are down by 6% from January through October of 2007 (n=3,248), compared to the same period in 2006 (n=3,456). Yet, during that same period there is a 12% increase in reported rectal chlamydia cases.

For the first time in a decade, both overall gonorrhea and rectal gonorrhea declined in 2007, by 19% and 15% respectively.

Additionally, syphilis rates in San Francisco continue to decline; early syphilis cases have declined 21% over the same period in 2006. Many of these successes can be attributed to sustained and comprehensive prevention efforts, increased access to screening, treatment and partner treatment, and the strong community partnerships the Department of Public Health has fostered.

SFGH Retirements Announced

After 20 years as the Chief of the Emergency Department, Alan Gelb, MD, has resigned. Dr. Gelb plans to pursue a sabbatical and focus on his work with teaching trainees. Dr. Jim Marks, Chief of Anesthesia, will chair the search to identify a new Chief to lead the service as it begins its ED residency program.

Dr. Bob Okin, the Chief of Psychiatric Services for 18 years, announced that he will retire beginning January 1, 2008. He plans to focus his efforts on his international humanitarian work and teaching of psychiatry trainees.

We wish both Dr. Gelb and Dr. Okin many more years of work committed to improving the lives of others and thank them for their outstanding service to the patients and staff of San Francisco General Hospital.

Phil Ziring, MD Retires

Phil Ziring, MD, retired last week as Maternal Child Adolescent Health (MCAH) Medical Director. Dr. Ziring was instrumental in bringing together the Pediatric community of physicians (Pediatric Advisory Committee) with the Department of Public Health to address the needs of both groups. He has been a strong advocate and representative for school children, especially those with special health care needs. We thank him for his many contributions to the public health and pediatric community and wish him well in his retirement.

CA Association of Public Hospitals Award

SFGH received the California Association Public Hospitals – Safety Net Institute Quality Leader award—honoring improvement in system-wide care integration for the *eReferral Spread Project*. This top patient safety award acknowledged the hospital's e-Referral group as a quality leader for its system-wide integration effort. Congratulations to Brenda Barros, Igor Berman, Bob Brody , Alice Chen, Hal Collard, Mary DeJesus, Janet Diaz, Audrina Eason, Julia Galletly, Violet Garcia, Mary Gray, John Imobden, Ellen Keith, Yeuen Kim, Suneil Koliwad, Margot Kushel, Angela Lee, Geoff Manley, Kjeld Molvig, Payam Nahid, Mark Ristich, Alex Rybkin, Fred Strauss, Klaudya Vaksman, and Hal Yee .

Susan G. Komen Foundation Award

Judith Luce, MD, Director of Oncology Services at SFGH, was recently presented with the "You Can Make a Difference Award" from the Susan G. Komen Foundation for her outstanding public and clinical service on behalf of marginalized women. This award recognizes her contributions to advancing the care and treatment of women with breast cancer. Dr. Luce is the co-Principal Investigator of breast cancer programs funded by the Avon Foundation at SFGH.

*New York Times* article

The November 12th issues of the *New York Times* featured a lengthy article focusing on the Homeless Prenatal Program. The article reflected the success of this 19-year old program that began as a way of helping destitute women give birth and maintain healthy babies to today's focus on becoming a resource dedicated to stabilizing entire families. I am attaching a copy of the article for Commissioner's review.

Commissioners' Comments

- Commissioner Dodd requested a letter from the Commission to the Ms. Stroud's family expressing appreciation and condolences.
- Commissioner Sanchez added that he would like to adjourn the meeting in memory of Florence Stroud.

- Commissioner Illig said that when the Chambers Settlement is presented to the Health Commission he would like to see a preliminary plan how we are going to actualize the Success at Home program.

- Commissioner Dodd would like to have a discussion about the budget instructions and new and increase funding for contractors. If everyone is being frozen then everyone should be frozen, including contractors. We need to examine our priorities as we move forward in budget development

- Commissioner Chow said that at its last meeting, the San Francisco General Hospital Joint Conference Committee, in addition to acknowledging Dr. Gelb and Dr. Okin, noted that Dr. Talmadge King has been appointed Chair of the Department of Medicine at the University of California, San Francisco.

Public Comment

Patrick Monette-Shaw said successful reintegration into the community is already happening at Laguna Honda and he encouraged the Health Department to make a presentation about the programming at Laguna Honda as part of the Chambers lawsuit discussion.

Minister Christopher Muhammed said he has not seen anything on the agenda regarding Bayview Hunters Point and the health tragedy that is going on out there. He does not understand why a health crisis is taking place and the Health Department is looking the other way. Commissioner Monfredini offered to meet with Minister Muhammed, as she has tried to be in contact with him over the past few months.

## 5) PUBLIC HEARING IN ACCORDANCE WITH THE COMMUNITY HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q) TO CONSIDER THE IMPACT OF THE CLOSURE OF CALIFORNIA PACIFIC MEDICAL CENTER ST. LUKE'S CAMPUS NEONATAL INTENSIVE CARE UNIT

Commissioner Monfredini noted that Supervisor Ammiano sent a letter to the Health Commission regarding the proposed closure of the NICU. This letter will be part of the public record. Commissioner Monfredini asked Catherine Stefani and Nick Kinsey, legislative aides to members of the Board of Supervisors, to address the Commission.

Catherine Stefani, Legislative Aide to Supervisor Alioto-Pier, thanked Commissioner Dodd and Commissioner Guy for reaching out to Supervisor Alioto-Pier after the last Board of Supervisors hearing. Supervisor Alioto-Pier has requested that CPMC halt any closures or transfer of services until CPMC's institutional master plan is fully vetted and evaluated by the Department of Public Health. She was encouraged to hear that the Pediatric closure has been postponed. In the meantime, she remains concerned about the future of St. Luke's Hospital. She recently convened a meeting with St. Luke's and has contacted State legislators regarding St. Luke's Medi-Cal reimbursement rates. They will be meeting with CMAQ. The will continue to work with all stakeholders to ensure adequate access to health care in the south east section of the City.

Nick Kinsey, Legislative Aide to Supervisor Sandoval, said St. Luke's plays a critical role in the health care for residents of the southeast sector of the city and the residents of District 11. District 11 has the greatest number of children under five and residents face a significant number of disadvantages. Please make sure that the NICU and the other vital services remain open.

Dr. Brotman, President and CEO of CPMC, said that after hearing input from the community advocates at both the Board of Supervisors hearing and the Health Commission meeting, CPMC brought together 11 stakeholders in Neonatal Intensive Care who have jointly developed recommended plan for consolidation of the NICU.

Julie Clayton, Vice President of Women and Children's Services at CPMC, presented an overview of the NICU consolidation. CPMC's vision for women's and children's care is to have the California Campus be a regional center with OB primary care, high risk prenatal clinics, a Level III NICU, PICU, Pediatrics, Pediatric sub-specialists and the Family House. The vision for the St. Luke's campus is to provide OB Primary Care and access to specialty care with joint development of on-site perinatologist consult and high-risk prenatal clinic/testing on-site. Commissioner Dodd asked what services fall would be considered part of the high risk clinic. Ms. Clayton said they have a program for gestational diabetes as an example. The California campus provides high risk clinics in Santa Rosa and San Mateo, and they have been in discussions about what makes the most sense in terms of on-site services at St. Luke's—genetic testing, genetic counseling, amniocentesis and others.

Ms. Clayton described the current level of services at St. Luke's and then described the change process that led to the proposed consolidation. Ms. Clayton described the joint resolution for the NICU:

| **Current Model of Care** | **Proposed Model of Care** |
|---|---|
| Intermediate NICU Nursery | Specialty Care Nursery/Mother Baby Care Unit |
| 2 NICU RNs at all times for 1 NICU patient | 1 NICU RN at all times for 1 patient with RN resources on the unit. |
| RNs for well baby and post partum care | All RNs being cross trained to care for all patients in the new unit |
| 24 hour in house pediatric hospitalist | 24 hour in house pediatric hospitalist |
| Neonates who require a higher level of care are taken to the California Campus | Neonates who require a higher level of care will be taken to the California Campus |
| OBs deliver 34 week or greater gestation neonates | OBs deliver 35 week or greater gestation neonates |

Commissioner Monfredini said it seems they are not really closing the NICU, just changing how services are provided. Ms. Clayton replied that they are taking two separate units and consolidating them into one unit. They intend to keep 24-hour in house pediatric physicians at the St. Luke's campus so there is someone there who can stabilize the patient until he or she can be transferred, or care for these patients at St. Luke's. Commissioner Monfredini asked how the training will ensure equal quality at the two campuses. Ms. Clayton said all St. Luke's nurses will receive four shifts of training at the California campus, will go through an eight hour national program called the Stable Program and will continue to rotate through the California campus on an annual basis.

Commissioner Dodd said she started her career as a high risk well baby nurse at the California campus and she works with NICU nurses. The argument that there isn't a large enough "n" to retain the higher level of NICU care at St. Luke's campus goes against the argument of cross training everyone because under that scenario someone could be assigned to the NICU once a month rather than every day. Ms. Clayton said she agrees that this is a challenge and they have agreed with the physician group and nursing leadership that they will have to monitor the training moving forward. Commissioner Dodd asked if the Family House will be available for people who deliver at St. Luke's who want to be close to their baby. Ms. Clayton said it will be available to them. They also have the potential to accommodate families on the campus. Ms. Clayton offered to meet with Commissioner Dodd to pursue ideas.

Commissioner Chow asked how many estimated deliveries would be impacted by the change from 35 to 34 week deliveries. Ms. Clayton said YTD they have transferred 41 patients from St. Luke's to the California campus. Seven of those were maternal transports, and delivered at California campus. Ms. Clayton said nine babies were less than 35 gestational weeks. They looked at what makes babies most high risk and the likelihood that they would need to be transferred. Commissioner Chow asked about going from intermediate level to special care nursery and whos the care that is provided differs. Ms. Clayton said there is a specialty care nursery similar to this at Mills Hospital. Commissioner Chow would like more detail about the difference in the two types of nurseries. He also requested additional information about the Stable Program.

Commissioner Dodd asked how patients are transfered. It would concern her if paramedics were transporting neonates who need neonatal care to another hospital. Is there assurance that this transfer occurs with neonatal care nurse? Ms. Clayton said there is a long-standing neonatal and critical care transport team on the campus. They are CPMC staff and are arranged internally. They do not use the EMS system.

Commissioner Chow asked what the transfer time is between St. Luke's & CMPC. Ms. Clayton said they track this very carefully and it is 42 minutes between time the call comes and the time they get the team out of the Cal campus to wherever they are going. It is imperative that they keep a pediatric physician in house at St. Luke's to care for the baby until the team gets there. They are usually at the St. Luke's campus within 15-20 minutes.

Ms. Clayton continued with the presentation.

Goals of Consolidated Program

- Continued access to primary OB
- Expanded access to high risk prenatal care
- Increase cultural and linguistic competence at the California campus to St. Luke's patients.
- Minimize logistical barriers to care.

Ms. Clayton said they surveyed 21 of the 41 patients who were transferred from St. Luke's to CPMC to evaluation their experience. 100% said their overall experience was positive and they would recommend CPMC.

Commissioner Illig asked for information about the language capacity of the 21 patients that were surveyed. Ms. Clayton said they conducted the survey in English, Spanish and Cantonese.

Commissioner Chow would also like information about the people that did not respond to the survey. He said many St. Luke's patients are Spanish speaking and asked about Spanish language capacity at the California Campus. Ms. Clayton said she will get the breakdown of onsite interpreters. Commissioner Chow would like to see within the shifts, how many would be Spanish speaking.

Commissioner Monfredini asked everyone from CPMC and St. Luke's to introduce themselves. She said that the number of people who took the time to attend the meeting demonstrates that St. Luke's has an extremely dedicated staff.

Commissioner Dodd asked if anyone has done an impact analysis as to how this change would affect SFGH. Ms. Clayton said they have not done this analysis. Currently physicians send some patients to UCSF, some to SFGH. But the majority is transferred to the California Campus. Dr. Katz said that the volume relative to the volume at SFGH would be too small to be notable to SFGH.

Commissioner Chow asked if other OBs are on staff at St. Luke's and why there aren't more. Ms. Clayton said there is only one private OB practitioner at St. Luke's. CPMC is looking at how to increase the number of providers on that side of town who use St. Luke's.

Public Comment

- Jason Fried, UHW, said one concern is that UHW represents over 400 staff at St. Luke's and none of their members have been involved in the NICU discussions nor have they been involved in any of their discussions. They are not working with everybody, just who they are choosing to work with. If a change impacts one of UHW's workers, they are supposed to negotiate directly with UHW but that does not happen. He hopes they will be more inclusive of people from the community who can provide different input than what they get from clinicians.

- Dr. Karen Makely said physicians have contributed to the development of the model, but the specialty care model is part of the closure of St. Luke's. There must be a commitment by administration to allow adequate time to fully cross train staff which might require postponing the February 13th date. (She submitted a written copy of her testimony, which is on file in the Health Commission Office.)

- Angie Giovannoni, R.N. said the fact that so few babies need NICU care demonstrate the high quality of prenatal care provided at St. Luke's. Because St Luke's had a full NICU team, twins born at 26 weeks, born at approximately 2 pounds each, received the care they needed and are now doing well.

- Phyllis Sachs, R.N., said nurses feel that the successful transition to this unit depends upon respect and an active dialogue with all nursing. Decisions are being made without nursing input by people who have never been to St. Luke's. Right now maternity nurses are being cross trained as NICU nurses in only four days. Nurses have specialties and are now being expected to work in the nursery within the next few months with only four days training. There are more creative ways to utilize present staff.

- Mary Michelucci, R.N., said separation of the baby and mother at birth will impact important bonding and transfer to the California campus will lead to more separation. The culture of St. Luke's reflects the neighborhood it serves. She also wants to address the thought that a nurse is a nurse is a nurse. Each RN is particularly suited to her specialty. Successful patient outcomes are the result of goal-oriented, well-planned nursing care. It takes years to become comfortable as a NICU nurse, not four days. (She submitted written copy of her testimony, on file in the Health Commission Office.)

- Abha Goel, Pediatric Hospitalist, said that administration implemented the first NICU service reduction in 2005 and a second reduction in 2006. Now they are proposing a third reduction. These changes are made for financial reasons but we cannot lose sight of the impact they have on the lives of families with sick or premature newborns. There needs to be a change of policy at various levels. (Dr. Goel submitted written copy of her testimony, on file in the Health Commission Office.)

- Yeshi Neumann, Director of Homestyle Midwifery, said they need a nursery at St. Luke's that is fiercely committed to the concept that new babies stay with their mothers and the mothers can get the support they need in their community's arms. (She submitted written copy of her testimony, on file in the Health Commission Office.)

- Julie Sherwood, midwife at St. Luke's hospital, said St. Luke's attentive, customized care has twice earned it 1st place in Sutter Health's "First Pregnancy and Delivery" data collection in all of California. St. Luke's has been a leader and model in the true integration of health care. Ms. Sherwood asked who will come to stabilize the baby after birth, should she need pediatric support. (She submitted written copy of her testimony, on file in the Health Commission Office.) Commissioner Chow asked Ms. Sherwood how she sees the difference between the intermediate NICU and the specialty care unit. Ms. Sherwood said she has not seen detail in writing so she is not able to answer the question at this time. Commissioner Chow reiterated his requested to see the difference in black and white. Dr. Makely said the main difference that affects the midwives is will training levels of nurses that are assisting midwives be up to par to what is needed. It's about back up and depth of coverage. Commissioner Chow asked if CPMC intends to have 1:1 nurse ratio in the NICU. Ms. Clayton said they intend to have one NICU nurse at all times even if there are no NICU patients, but they intend to comply with State nursing ratios, which state that one nurse can care for three to four babies. Dr. Lewis said the nursery designation was established 30 years ago. An intermediary nursery can care for infants who are expected to need short term care. Specialty nursery can take care of normal newborns and normal newborns who develop certain problems that are expected to be short term. Many of the infants at St. Luke's will fit the specialty nursery model.

- Dr. Laura Norrell said their patients require care in their community, and this downgrade of services will result in women receiving care away from their home. Additional fragmenting of care will decrease access. Earlier this year they had a blossoming practice. Because of changes made, they have lost 1 obstetrician and four midwives. They are doing everything possible to work within constraints to provide quality care. (Dr. Norell submitted written copy of her testimony, which is on file in the Health Commission Office.)

- Richard Alva, Mission community member, said St. Luke's has been an integral part of the community and any loss leads to further decay of the community. He urged the Commission to have CPMC provide services to the low income community. If they lose St. Luke's, they will lose an institution that has made the Mission such a wonderful place.

Commissioners' Comments

- Commissioner Illig said his biggest concern is that while CPMC talks about integration, the medical staffs have not integrated. Yet they are planning to integrate services at a lower level. Why are they not integrating the medical staff? Dr. Brotman said he agrees with Commissioner Illig, and they went through this situation with the merger between Pacific Presbyterian and Children's. This is a decision that is made by the medical staffs. He strongly supports integration and he thinks it will happen. It is a matter of establishing relationships between physicians who do not know each other. This cannot be forced prematurely. Commissioner Illig asked if this is a symptom of what he sees as real cultural differences between St. Luke's and CPMC. Dr. Brotman said it will take a little time for the campuses to get to know one another. Change in health care, and change among physicians, is very difficult. He will work with the medical staffs to integrate them. But there is a very important separation between administration and medical staff. Commissioner Illig asked if CPMC understands that if they want to make further changes, including changes in Pediatrics, they need to start the Proposition Q process over again. Dr. Brotman said they do understand this. Commissioner Illig asked if CPMC responded to Supervisor Alioto-Pier's letter. Dr. Brotman said he did respond. They will be back and start the process once agreement is reach about how to deliver pediatric care. There are no other services at this time that are under consideration for closure.

- Commissioner Guy said there is always a gray area between reorganization and closures. There is also the circumstance of death by a thousands cuts.

- Commissioner Chow said this is all a precursor to closing at the end of 2009 and asked if this decision has been made. Dr. Brotman said the agreement requires them to keep St. Luke's open until 2009. They are not seeking an opportunity to close St. Luke's and they will not make a final decision about the closure of St. Luke's until the end of 2009.

- Commissioner Dodd appreciates Dr. Brotman's willingness to make St. Luke's a gem. She considers herself an expert in health systems and would like to add her expert advice. The testimony made it pretty clear that the nurses who work in prenatal and maternal do not want to work in labor and delivery. From a nursing perspective, OB nurses don't work in all three areas. A neonate is the most fragile of fragiles. This is a disservice to nursing and patients. If patients in the southeast section of the city are really important, they will have a Level 2 nursery at St. Luke's. Dr. Brotman said you cannot have Level 3 nurseries at every location. He concern is how to best care for the most critically at risk babies and mothers.

- Commissioner Sanchez said when we think of staff, we think of all parameters from Chief of Surgery to custodian to receptionists to the new specialist. He knows many Hispanic physicians in Bernal Heights and Noe Valley and residents who are using St. Luke's because of its history and quality of care. Why not work toward expanding this resource. It is an excellent model of cultural competency in health care.

- Commissioner Guy said that this Prop. Q hearing joins the potential discussion of the Institutional Master Plan legislation. We must see that the community needs to fit into the Institutional Master Plan assessment and we should analyze the future of St. Luke's in a comprehensive way rather than one Proposition Q at a time.

- Commissioner Chow asked Dr. Miller to comment about the process of medical staff merger and getting private physicians to practice at St. Luke's. Dr. Miller said in order for the medical staff to merge both medical staffs must approve the merger. When this issue was first brought before the medical staffs, they both voted not to merge. Approximately two thirds of doctors at St. Luke's are already members of CPMC's medical staff. There is already a level of consolidation. The medical staff leadership and administration are trying to build relationships between the two medical staffs. The medical staffs might be more comfortable in a few years. As long as the two medical staffs remain separate, the two hospitals must have separate license.

- Commissioner Illig asked if this means two levels of quality review. Dr. Miller said the standard of care is the same throughout the CPMC system, and there is one Board of Directors who reviews quality reports from both campuses. Even though the hospitals have two separate medical licenses they are one organization. The Joint Commission, in its most recent survey, looked at whether there where two levels of care, and concluded that this was not the case.

- Commissioner Monfredini does not understand why the medical staffs cannot merge. They should hire their own consultant to help them merge.

- Commissioner Chow said if there is such a community demand for St. Luke's as a site of service, why don't more obstetricians want to deliver there. Dr. Miller's perspective is that St. Luke's has a huge challenge of a continual exodus of physicians from the medical staff which started from the development of HMOs and specifically impacted financially St. Luke's dramatically. Physicians that were more driven by financial considerations left and with that group went a large portion of the specialty care that St. Luke's had. The single kernel of truth is that St. Luke's takes care of the underserved population and nobody pays for this. MediCal does not pay adequately for physicians to stay at St. Luke's, whether they are driven by mission or driven by finances. Dr. Norrell added that during merger talks a few years ago it was a very important point to maintain separate medical staffs so that they would retain their own license.

- Commissioner Sanchez asked how many of the St. Luke's medical staff are Brown and Toland doctors. Dr Miller said he does not know the answer. Ms. Neumann added that she and others in private practice that would like to return to St. Luke's because of the quality of care, and bring many patients with them. The were just about to do that in October when they heard the plan to close St. Luke's in 2009. So there was no reason to resurrect the practice there with a looming closure. When St. Luke's became a campus of CPMC there was a lot of discussion about revitalizing St. Luke's. This is what they want to do.

- Commissioner Dodd said that were the two medical staff to merge, St. Luke's physicians would be outnumbered three to one. The numbers are not in favor of merger. In the larger health system in San Francisco, we need to look at what all the CPMC campuses have done, which is work in specialty care. There is not a lot of money in primary care. There is a lot of money in doing liver transplants, but not a lot in treating pneumonia. From the perspective of the OB service, she would not affiliate with St. Luke's if it didn't have a Level 2 nursery. If we downgrade this nursery we are going to continue to see obstetrics leave St. Luke's. The only two hospitals that provide comprehensive nurse midwifery programs are St. Luke's and San Francisco General Hospital. If we lose the Level 2 nursery, we will lose the OB service, cease to provide primary care obstetrical services and this will have an impact on San Francisco General Hospital.

- Commissioner Monfredini asked Dr. Katz for his comments. Dr. Katz said that whatever the final outcome on this particular issue, it is clear that the Proposition Q mechanism has been successful. People have learned things, and Commission questions have led the doctors, nurses and administrators to understand each other better. Proposition Q is a great way of encouraging public discussion of issues that are sometimes dealt with in private. People also have to acknowledge that every hospital cannot provide every service. The decision the Health Commission will have to make is not an easy decision, but either way the process has been helpful. Commissioner Monfredini said the Commission needs to think about the testimony and about the purpose of Proposition Q and the discussion will be taken up again on December 18th.

## 6) APPROVAL OF A REVENUE SUPPLEMENTAL APPROPRIATION FOR SAN FRANCISCO GENERAL HOSPITAL AND LAGUNA HONDA HOSPITAL

Gregg Sass, CFO, presented the supplemental appropriation request. The Health Department is projecting that expenditures at San Francisco General Hospital, Laguna Honda Hospital and Jail Health will exceed budgeted appropriations by $24.78 million. Revenues at the Hospitals are expected to exceed budget by $11.338 million. The Department is requesting approval of a supplemental appropriation of $11.338 million of revenue as one component of a plan of correction to equate spending to appropriation authority. Surplus patient revenues and one-time settlements will fund the supplemental. Approval of this request will reduce projected overexpenditures, leaving an unfavorable balance of $13.442 million.

Commissioners' Comments

- Commissioner Guy asked if the supplemental appropriation includes funding for Jail Health Services. Mr. Sass said the $11 million supplemental being approved would be taking surplus revenue generated by San Francisco General Hospital and Laguna Honda Hospital and using this to fund expenditures at San Francisco General Hospital and Laguna Honda Hospital only. There are still overexpenditures in other areas, including Jail Health. They are working with the Mayor's Office and the Controller on these areas.

- Commissioner Illig asked if DPH received all Medi-Cal revenue that was suspended during the Laguna Honda Hospital licensing survey. Mr. Sass said that as part of the settlement, the State reimbursed all but $400,000-$500,000 of suspended revenue. Commissioner Illig asked how a future revenue supplemental would be funded. Mr. Sass said he does not have any particular item on the horizon that will produce revenue but it is possible that this will happen. There are things in the pipeline but no particular timeframe as to when these will come to fruition.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Monfredini, Sanchez) approved the $11.338 million revenue supplemental appropriation.

## 7) LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE

John Thomas, Program Manager, Laguna Honda Replacement Project, presented an update on the status of the replacement project. Construction of the three buildings approved in the Program's current budget—the Link Building, the South and East Residence buildings and the associated new hospital site improvements—continue. These new facilities will accommodate 780 residents and are scheduled to pen in late 2009, nearly 12 months behind schedule.

Remodeling of the existing hospital began in June. This work must be performed in phases in order to minimize the impacts to hospital operations. The Furniture and Medical Equipment Management Services contract is for a professional service to provide a turnkey management solution for medical equipment, resident room furniture and resident laundry equipment. Negotiations were completed last quarter and the contract is currently with the Purchasers Office for final sign office.

The project is projected to be $58.3 million over budget. There are server key factors which have impacted the program schedule, primarily related to the following:

- Mechanical, Electrical, Plumbing coordination
- Office of Statewide Health Planning and Development documentation
- Exterior waterproofing changes
- Modifications to the security system

In addition to change orders related to design modifications, the delay itself accounts for $12-15 million of the overall cost increase. The project team is evaluating funding sources that can be used to cover the shortfall, including interest earned to date on the Bond proceeds and additional funds available within the currently approved funding package. Approximately $15 million in additional interest on the GO bonds has been earned beyond what was projected in the Controllers report of May 2005. The remaining $43 million shortfall could be covered through a combination of Tobacco Settlement Revenues, Certificates of Participation and scope reduction.

Mr. Kanaley presented an overview of transition planning for the new building, which includes the following elements:

- Operational Planning
- Furniture Fixtures and Equipment (FF&E) – specifying, purchasing and installing
- Commissioning the building
- Organizational culture – adapting/embracing the change
- Licensing approval and the residents move

Laguna Honda is working with the Controller's Office on this operational planning for the transition and has retained three consultants. They are in the process of retaining two other consultants. HTS will be helping with much of the operational planning and the development of the budget for the transition. ESC is a housekeeping consultant. Vantage Technology has the responsibility for coordinating all technology in the building. Criterion System has been retained to help with the FF&E selection process with that and the specifications. LHH is working with the City Purchaser on ordering.

With regard to organizational culture, all staff need a minimum of 16 hours of training prior to moving into the new building. Most need more. They are developing and RFP through the Controller's Office. They are also planning to retain a consultant to help with communications.

Mr. Kanaley said there will be a three-year bell curve in terms of increased expenditures to effectuate the move to the new building, including testing, training, security and other factors. This will really start to hit in next year's budget. This is over and above the standard operating budget. Laguna Honda is not doing this process alone. They are doing it in cooperation with the Controller's Office, identifying with them what the budget needs are. HTS is developing the budget request that will be submitted for consideration in next year's budget. The operating budget for the new building will be different. Laguna Honda is working with the Controller's Office to develop this budget as well. They really want it to be a straightforward budget based on benchmarks and industry standards.

Public Comment

Patrick Monette- Shaw said he is troubled by the Replacement Project cost escalations. Project costs have changed drastically within a short period, much different than what was presented to the Health Commission in June. Also, Mr. Thomas has said this might be a $70 million problem, not a $56 million problem. The change orders need to stop.

Commissioners' Comments

- Commissioner Dodd asked if there is OSHPD money through HRSA. Mr. Thomas said approximately $450,000 of the overall budget is HRSA funds.

- Commissioner Illig is very distressed at this escalation. Who approves the budget and the changes? Dr. Katz said the project is a DPW project. The vast majority of change orders have had to do with the value engineering that was done to reduce the cost of the rebuild. Everyone that has looked at this project, including the Controller's Office, has come to the conclusion that the costs that we are spending are the costs that are necessary. Another way to look at it is that we are getting 780 beds for $540 million. Other entities would love to have this cost per bed for a new building. So by objective standards of what it costs to build a building, we are doing a good job. Commissioner Illig said it would seem that so large of a budget increase would go to some oversight body, be it the Health Commission or the Board of Supervisors or another oversight body. Commissioner Illig said that we are getting further and further away from the intent to rebuild Laguna Honda and put equivalent money into the community. The money that is going to the rebuild could be invested into the community. Mr. Kanaley said each step of the way the Budget is approved by the Board of Supervisors. Laguna has not gone above and beyond the money that the board has allocated. The projected deficit will come at the end of the project. They are working on ways to mitigate the deficit. Further, the industry costs across the state are much higher that the cost for the rebuild project. Commissioner Illig asked if consultants are hired from operating budget or rebuild budget. Mr. Kanaley said it will be both. Vantage Systems and FF&E planning are part of the bond. Other consultants are part of the operating budget. Commissioner Illig said that funding proposals for these consultants would be pitted against other budget proposals. Mr. Kanaley said they will be put forward as one of Laguna Honda Hospital's budget requests.

- Commissioner Chow said there is a discussion here that is very important. We can build a building but unless we take the time to train our employees and put the proper equipment in place, the building will be a white elephant. We need to acknowledge this in the upcoming budget. The fact that administration has been looking at the best people to bring this about, rather than relying solely on their own staff, will lead to better results. The transition budget is one time but is essential.

- Commissioner Monfredini is pleased to see a transition budget. Workers might be overwhelmed by the technical nature of the new building. This has been an extraordinary effort and moving into the building will be a very exciting time.

- Commissioner Dodd was very impressed on the tour she took. The project is worth the wait and worth the money. She is particularly impressed at the way finding. She wants to make sure the floors are cushioned in terms of floor covering, because these are long halls for staff. If this requires a change order, so be it. Mr. Kanaley will verify whether there is cushioning under the vinyl.

- Commissioner Guy said we do need to find a solution to the flooring and she asked what it would cost to include it in the project, if it is not already included. Commissioner Guy said the costs started to escalate when the price of steel shot up. She wants the Joint Conference Committee to stay on top of this and have the minutes reflect the discussion. She reads the minutes and therefore was not shocked when she read the documents for today's meeting.

- Commissioner Illig asked the amount and source of funding for FF&E. Mr. Kanaley said this will be funded through the $25 million settlement fund. This year LHH was allocated $12-13 million and he anticipates the remainder in a future allocation. They project the total FF&E budget to be $30 million.

- Commissioner Chow said Commissioner Dodd raises a point about the flooring because this could increase the number of employee injuries. He asked for a report at the LHH JCC.

## 8) PRESENTATION OF THE LAGUNA HONDA HOSPITAL ASSISTED LIVING FEASIBILITY STUDY AND CONSIDERATION OF A RESOLUTION ACCEPTING THE STUDY

John Kanaley, Executive Administrator, Laguna Honda Hospital and Rehabilitation Center, presented the Laguna Honda Hospital Assisted Living Feasibility Study. The assisted living project is the first stop in addressing the charge set out by the Health Commission to build a new campus on the Laguna Honda site that will provide housing and a complete continuum of long term health care services. The report proposes to expand the city's continuum of care with an assisted living facility at the current site of wings K, L, M and O and the east parking lot. The proposed residence will consist of five building accommodating 25 to 60 residents each for a total capacity of 240 residents. The construction will meet the standards required for a Residential Care Facility for the Elderly (RCFE) Type II. The total project cost is $168 million, and the cost per unit is $363,000. The costs are comparable to current market costs for new construction. The buildings can be constructed all at once or incrementally as financing becomes available. The conceptual project schedule has construction starting in 2010 with completion in 2013.

In developing the plan the consultant and LHH staff conducted a community review process that included community meetings, a presentation to the Long Term Care Coordinating Council and a presentation to the Laguna Honda Hospital Joint Conference Committee.

Public Comment

George Wooding, representative of West of Twin Peaks Central Council and Director of Midtown Terrace Homeowners Association, said they consider themselves good friend of Laguna Honda Hospital. Through this process the neighborhoods have been promised by Dr. Katz, Mayor Newsom and others that this project would serve a population who need assisted care. They ask that the type of facility be defined and that the patients who would be served at the assisted living facility be defined as well.

Ken Stein, Member of Long Term Care Coordinating Council, urged the Commission to accede to this document but not accept it. There needs to be further discussion, particularly about the RCFE designation. In an RCFE people are not in control of their daily schedules. The current proposal does not fit with the principles of the Long Term Care Coordinating Council. An RCFE is incompatible with the guiding principles of the Long Term Care Coordinating Council. It minimizes independence.

Norma Satten, member of Long Term Care Coordinating Council, is concerned about the recommendation. The Health Department has helped develop assisted living, for example at Mission Creek. She would like to see this developed on Laguna Honda and throughout the city. She does not want to see us committed to a licensed facility.

Patrick Monette-Shaw said San Francisco faces a deficit in skilled nursing beds. He said the resolution is premature and should be tabled. You cannot expand the continuum of care while restricting the SNF side of the continuum. The resolution is too neutral and too vague.

Commissioners' Comments

- Commissioner Illig said the people who prepared the study listened to the community, but did not listen enough. He has learned through serving on the IHSS board how important self care is, and an RCFE does not allow self care. He believes that this money should be spent instead in the community. He suggests that the Commission table the resolution and read the report of the Long Term Care Coordinating Council and the recommendation of Protection and Advocacy. Commissioner Illig noted that the cost comparison with Mission Creek uses numbers that are three to four years old. He thinks that the Health Commission should have a joint meeting with the Long Term Care Coordinating Council around this issue.

- Commissioner Monfredini asked Dr. Katz for his perspective. Dr. Katz said that when Proposition A was first envisioned, the thought was to build assisted living in addition to a rebuilt Laguna Honda Hospital. So assisted living was one of the components of Proposition A. What he gets from the study is that if you want to build assisted living on Laguna Honda, the recommendation is to build small, short buildings. The neighbors around Laguna Honda feel strongly that assisted living built on that campus should be for people who would otherwise go to Laguna Honda. The Mayor has in fact said that any assisted living built on Laguna Honda campus will be licensed RCFE. It is also absolutely true that there are some negative aspects of RCFEs for the people in them compared to pure independent living. There are some clients who would do better in an RCFE than in independent living. At this point, he does not see the Health Department going forward with building unlicensed assisted living. This does not mean we have to go forward with licensed assisted living on the Laguna Honda campus.

- Commissioner Dodd offered three additional whereas clauses, detailed below. She said there is a profound need to regulate care to protect people who do not have the capacity to protect themselves. There is clearly a need for more structured care in San Francisco. This does not preclude any of the suggestions made by Protection and Advocacy. We should proceed with all of those proposals and find sources to fund them. She believes that the project as proposed provides a significant level of flexibility and provides a needed level of care in an environment that is safe. This is a particular concern among elderly women. We need both models and this is a model that is in fitting with Proposition A.

- Commissioner Monfredini agrees with Commissioner Dodd. She has worked with women in independent living facilities that she needed to move to assisted living facilities.

- Commissioner Guy said we have an opportunity at Laguna Honda, and she was a strong advocate of this component of Proposition A. She also hears the other side. The fact that we have licensing that challenges people's civil rights is a problem and we have to address this. She is looking for a commitment from Commissioners and staff that we will work to allow people more choice while in a licensed facility. She does not want to lose this opportunity. We do need more organized supportive care.

- Commissioner Chow said he sees the resolution as a way to complete what the Health Commission promised to the public. The obligation is to have a continuum. The study process was a fine way of looking at the response to assisted living on the campus if we were going to do it. He understands the issues that are out there. But what he wants to emphasize is that if the City decides to proceed, this study lays forth a fine plan.

- Commissioner Sanchez concurs with his colleague's comments and supports the resolution.

- Commissioner Illig said that the resolution accepts the report and the budget required to develop the proposal.

Whereas

Action Taken: The Commission approved an amendment to the resolution that adds the following Whereas clauses:

Whereas, residents of Laguna Honda Hospital eligible for lower levels of care expressed overwhelming support for construction of assisted living and expressed concerns regarding the need for adequate assistance with activities of daily living.

Whereas, residents of Laguna Honda Hospital supporting inclusion of various services such as vocational rehabilitation, Physical Therapy, therapeutic recreation and activity therapy.

Whereas, among all who testified during the community process no dispute arose as to the increasing needs for long-term care options, especially for San Francisco's safety net population, and the city's limited ability to serve that need.

Action Taken: The Commission (Chow, Dodd, Guy, Monfredini, Sanchez (Illig opposed)) approved Resolution 16-07, "Accepting the Laguna Honda Hospital and Rehabilitation Center Assisted Living Feasibility Study," (Attachment A).

## 9) PUBLIC COMMENT

None.

## 10) OTHER BUSINESS

None.

## 11) COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS

None.

## 12) ADJOURNMENT

The Commission adjourned the meeting in memory of Florence Stroud. The meeting was adjourned at 7:20 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

City and County of San Francisco
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CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

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President

**David J. Sanchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**Mitchell H. Katz, M.D.**
Director of Health

**Michele M. Seaton**
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**Web Site: http://www.sfdph.org**

# CHANGE OF LOCATION NOTICE

# FOR

# SAN FRANCISCO HEALTH COMMISSION

SF
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12/18/07
notice...

**The San Francisco Health Commission meeting scheduled for Tuesday, December 18, 2007, 3:00 p.m. will be held at San Francisco General Hospital, Carr Auditorium, 1001 Potrero Avenue, San Francisco, CA 94110.**

**Please note that the Budget Committee of the Health Commission will meet at 101 Grove Street, Room 300.**

**An agenda will follow.**

**For information please call the Commission Office at 554-2666 or visit the DPH website at www.sfdph.org.**

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# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, December 18, 2007**
**At**
**3:00 p.m.**
**SAN FRANCISCO GENERAL HOSPITAL CARR AUDITORIUM***
**San Francisco, CA 94102**

***PLEASE NOTE THE CHANGE IN LOCATION FOR THIS MEETING**

***The Budget Committee of the Commission will consider the consent calendar on this agenda at 1:00 p.m. at 101 Grove.*** *The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.*

***Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.***

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 4, 2007**
**Minutes of the meeting of December 4, 2007*

**3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**

(Commissioner David J. Sanchez, Jr., Ph.D.)

For Approval

**(3.1) AIDS OFFICE-HIV Prevention** – Request for approval of a contract modification with St. James Infirmary HIV Prevention Services, to add $89,364 for a contract total of $400,309, which includes a 12% contingency, to provide HIV health education and risk reduction services to support the Sex Worker Program in San Francisco, for the period of July 1, 2006 through June 30, 2008 (2 yrs).

** Contract summary, Monitoring report summary, Client demographic information form*

**(3.2) AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Asian Pacific Islander Wellness Center, in the amount of $226,450, which includes a 12% contingency, to provide case management, treatment advocacy and peer advocacy services, for individuals diagnosed with HIV or AIDS, for the period of July 1, 2007 through June 30, 2008 (1 yr).

** Contract summary, Monitoring report summary, Client demographic information form*

**(3.3) CHN-SFGH** – Request for approval of a contract modification with the Regents of the University of California, San Francisco, to extend the contract for three months through March 31, 2008, to provide Tertiary Care services targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County jail patients, in the amount of $425,000 for the period of January 1, 2008 through March 31, 2008, for a total value of $2,975,000, for the period of July 1, 2006 through March 31, 2008 (21 months).

** Contract summary*

**(3.4) BHS** – Request for approval of a retroactive contract renewal with Families First, in the amount of $126,189 per year, for a total contract amount of $353,329, which includes a 12% contingency, to provide mental health services to emotionally disturbed young adults, for the period of July 1, 2007 through December 31, 2009 (2.5 yrs).

** Contract summary, Monitoring report summary, Client demographic information form*

**(3.5) BHS** – Request for approval of a retroactive contract renewal with BAART Behavioral Health Services, in the amount of $548,473 per year, for a total contract amount of $921,435, which includes a 12% contingency, to provide outpatient substance abuse and treatment services, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

** Contract summary, Monitoring report summaries*

**(3.6) BHS** – Request for approval of a retroactive contract renewal with Harm Reduction Coalition, in the amount of $77,558 per year, for a total contract amount of $130,297, which includes a 12% contingency, to provide overdose prevention and education services to injection drug users, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

** Contract summary, Monitoring report summary, Client demographic information form*

**(3.7) BHS** – Request for approval of a retroactive contract renewal with Center For Human Development, in the amount of $148,728 per year, for a total contract amount of $749,589, which includes a 12% contingency, to provide substance abuse and violence prevention services to public school students, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

** Contract summary, Monitoring report summary*

**(3.8) BHS** – Request for approval of a retroactive renewal contract with the Children's Council of San Francisco, in the amount of $356,802 per year, for a total contract amount of $1,798,282, which includes a 12% contingency, to provide early childhood mental health consultation and direct services in San Francisco, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).
** Contract summary, Monitoring report summary, Client demographic information form*

**(3.9) BHS** – Request for approval of a retroactive renewal contract with Rebekah Children's Services in the amount of $53,277 per year, for a total contract amount of $89,505, which includes a 12% contingency, to provide mental health services for children, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).
** Contract summary, Monitoring report summary, Program review changes approval form, Client demographic information form*

**(3.10) BHS** – Request for approval of a retroactive renewal contract with the Jewish Family and Children's Services, in the amount of $295,984 per year, for a total contract amount of $1,491,759, which includes a 12% contingency, to provide early childhood mental health and consultation services for children and their families, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).
** Contract summary, Monitoring report summaries, Client demographic information form*

**(3.11) BHS** – Request for approval of a retroactive renewal contract with Adolescent Treatment Centers, Inc. (dba Thunder Road) in the amount of $104,326 per year, for a total contract amount of $175,268, which includes a 12% contingency, to provide early childhood mental health and consultation services for children, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).
** Contract summary, Monitoring report summary, Plan of correction, Program review changes approval form, Client demographic information form*

**(3.12) BHS** – Approval to accept and expend retroactively a grant from the California Department of Rehabilitation, in the total amount of $3,310,497 (annual amount of $1,103,499), with a cooperative Community Behavioral Health Services match of $895,980 ($298,660 annually) for a budget total of $4,206,477 ($1,402,159 annually), to provide vocational rehabilitation services to mutual clients through a cooperative contract agreement for the period of July 1, 2007 through June 30, 2010.
** Grant summary, Grant information form*

**(3.13) BHS** – Approval to retroactively accept and expend a grant increase in the amount of $287,177, from the California Department of Alcohol and Drug Programs' Comprehensive Drug Court Implementation Grant, to provide funding for a drug court in the San Francisco Dependency Court, for the period of July 1, 2007 through June 30, 2008.
** Grant summary, Grant information form*

**(3.14) BHS** – Approval to retroactively accept and expend a grant totaling $713,132, which includes increased funding in the amount of $199,852, from the California Department of Alcohol and Drug Programs' Comprehensive Drug Court Implementation, to improve and expand substance abuse treatment services for adult felon drug court clients, for the period of July 1, 2007 through December 31, 2008.
** Grant summary, Grant information form*

For Discussion and Approval

**(3.15) AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive new contract with PHFE Management Solutions, in the amount of $255,511, to provide fiscal intermediary support for the HIV/AIDS Statistics & Epidemiology Section Core Surveillance – HIV Names-Based Reporting Transition Assistance activities, for the period of December 1, 2007 through June 30, 2008 (7 months).
* *Contract summary, Monitoring report summary, Client demographic information form*

**(3.16) BHS** – Request for approval of a retroactive new contract with Superior Court of California, County of San Francisco, in the amount of $613,204 per year, for a total contract amount of $3,090,548, which includes a 12% contingency, to provide substance abuse and mental health services, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).
* *Contract summary*

**(3.17) BHS** – Request for approval of retroactive new contract with the WestCoast Children's Clinic, in the amount of $135,000 per year, for a total contract amount of $378,000, which includes a 12% contingency, to provide mental health treatment services to children and youth with emotional problems, who are at risk, or already in out-of-home placement, for the period of July 1, 2007 through December 31, 2009 (2.5 yrs).
* Contract summary

**(3.18) BHS** – Request for approval of a renewal contract with Bayview Hunters Point Health and Environmental Resource Center, in the amount of $278,160 per year, for a total contract amount of $820,559, which includes a 12% contingency, to provide health and well services, for the period of January 1, 2008 through June 30, 2009 (1.5 yrs).
* *Contract summary, Monitoring report summaries, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **EMPLOYEE RECOGNITION FOR THE MONTH OF DECEMBER**
**List of Nominees*

6) **FOR DISCUSSION:** **PRESENTATION OF THE LEWIN MARKET ANALYSIS PROJECT**
(Anne Kronenberg, Deputy Director of Health)
**Report*

7) **FOR DISCUSSION:** **SAN FRANCSICO GENERAL HOSPITAL MEDICAL CENTER'S ANNUAL REPORT**
(Gene O'Connell, SFGHMC Executive Administrator)
**Annual Report*

8) **FOR ACTION:** **APPROVAL OF THE GOVERNING BODY BYLAWS FOR SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER**
(Gene O'Connell, SFGHMC Executive Administrator)
**Governing Body Bylaws*

9) **FOR ACTION:** **APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS**
(Jeff Critchfield, M.D., SFGHMC Chief of Medical Staff)
**Cover Memo, Bylaws Revisions, Bylaws, Rules and Regulations*

10) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION DETERMINING THAT THE CLOSURE OF CALIFORNIA PACIFIC MEDICAL CENTER ST. LUKE'S CAMPUS NEONATAL INTENSIVE CARE UNIT WILL OR WILL NOT HAVE AN IMPACT ON THE HEALTH OF THE COMMUNITY**
**Resolution*

**Time Specific: 5:00 p.m.**

11) **PUBLIC COMMENT** **

12) **OTHER BUSINESS*****

13) **COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS**

14) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

*** Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

**Accessible Meeting Policy**

San Francisco General Hospital Carr Auditorium is wheelchair accessible through the elevator at the main entrance on 22nd Street. There is a direct phone link located at the elevator for those who require assistance. There is accessible parking in the San Francisco General Hospital I Lot, which is adjacent to Carr Auditorium, and also on 22nd Street. The Hospital is accessible by wheelchair-friendly MUNI lines #9 San Bruno, #9X San Bruno Express, #19 Polk (stops 2 blocks away, #33 Haight Ashbury and #48 Quintera. For further information regarding MUNI transportation, please call 923-6142, 673-MUNI and 923-6366 (TDD).

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

**San Francisco Lobbyist Ordinance**
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For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

**Lee Ann Monfredini**
President

**David J. Sánchez, Jr., Ph.D.**
Vice President

**Edward A. Chow, M.D.**
Commissioner

**Catherine Dodd, R.N., Ph.D.**
Commissioner

**Roma P. Guy, M.S.W.**
Commissioner

**James M. Illig**
Commissioner

**Markus Watson, D.D.S.**
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
**Gavin C. Newsom, Mayor**

**Department of Public Health**

**Mitchell H. Katz, M.D.**
Director of Health

**Michele M. Seaton**
Executive Secretary

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# MINUTES

## HEALTH COMMISSION MEETING

**Tuesday, December 18, 2007**
**At**
**3:00 p.m.**
**SAN FRANCISCO GENERAL HOSPITAL CARR AUDITORIUM**
**1001 Potrero Avenue**
**San Francisco, CA 94102**

## 1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:05 p.m.

| | |
|---|---|
| Present: | Commissioner Lee Ann Monfredini, President<br>Commissioner David Sanchez, Ph.D., Vice President<br>Commissioner Edward Chow, M.D.<br>Commissioner Catherine Dodd, Ph.D.<br>Commissioner Roma Guy, M.S.W.<br>Commissioner James Illig<br>Commissioner Markus Watson, D.D.S. |

## 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 4, 2007

Action Taken: The Commission approved the minutes of the December 4, 2007 Health Commission meeting.

## 3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Watson attended the Budget Committee meeting. Commissioner Chow was absent.

For Approval

**(3.1) AIDS OFFICE-HIV Prevention** – Request for approval of a contract modification with St. James Infirmary HIV Prevention Services, to add $89,364 for a contract total of $400,309, which includes a 12% contingency, to provide HIV health education and risk reduction services to support the Sex Worker Program in San Francisco, for the period of July 1, 2006 through June 30, 2008 (2 yrs).

**(3.2) AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Asian Pacific Islander Wellness Center, in the amount of $226,450, which includes a 12% contingency, to provide case management, treatment advocacy and peer advocacy services, for individuals diagnosed with HIV or AIDS, for the period of July 1, 2007 through June 30, 2008 (1 yr).

**(3.3) CHN-SFGH** – Request for approval of a contract modification with the Regents of the University of California, San Francisco, to extend the contract for three months through March 31, 2008, to provide Tertiary Care services targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County jail patients, in the amount of $425,000 for the period of January 1, 2008 through March 31, 2008, for a total value of $2,975,000, for the period of July 1, 2006 through March 31, 2008 (21 months).

Commissioner's Comments

- Commissioner Sanchez noted that DPH staff submitted demographic information for this contract, as was requested by the Health Commission.

**(3.4) BHS** – Request for approval of a retroactive contract renewal with Families First, in the amount of $126,189 per year, for a total contract amount of $353,329, which includes a 12% contingency, to provide mental health services to emotionally disturbed young adults, for the period of July 1, 2007 through December 31, 2009 (2.5 yrs).

**(3.5) BHS** – Request for approval of a retroactive contract renewal with BAART Behavioral Health Services, in the amount of $548,473 per year, for a total contract amount of $921,435, which includes a 12% contingency, to provide outpatient substance abuse and treatment services, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

**(3.6) BHS** – Request for approval of a retroactive contract renewal with Harm Reduction Coalition, in the amount of $77,558 per year, for a total contract amount of $130,297, which includes a 12% contingency, to provide overdose prevention and education services to injection drug users, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

**(3.7) BHS** – Request for approval of a retroactive contract renewal with Center For Human Development, in the amount of $148,728 per year, for a total contract amount of $749,589, which includes a 12% contingency, to provide substance abuse and violence prevention services to public school students, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

**(3.8) BHS** – Request for approval of a retroactive renewal contract with the Children's Council of San Francisco, in the amount of $356,802 per year, for a total contract amount of $1,798,282, which includes a 12% contingency, to provide early childhood mental health consultation and direct services in San Francisco, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

**(3.9) BHS** – Request for approval of a retroactive renewal contract with Rebekah Children's Services in the amount of $53,277 per year, for a total contract amount of $89,505, which includes a 12% contingency, to provide mental health services for children, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

**(3.10) BHS** – Request for approval of a retroactive renewal contract with the Jewish Family and Children's Services, in the amount of $295,984 per year, for a total contract amount of $1,491,759, which includes a 12% contingency, to provide early childhood mental health and consultation services for children and their families, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

**(3.11) BHS** – Request for approval of a retroactive renewal contract with Adolescent Treatment Centers, Inc. (dba Thunder Road) in the amount of $104,326 per year, for a total contract amount of $175,268, which includes a 12% contingency, to provide early childhood mental health and consultation services for children, for the period of July 1, 2007 through December 31, 2008 (1.5 yrs).

**(3.12) BHS** – Approval to accept and expend retroactively a grant from the California Department of Rehabilitation, in the total amount of $3,310,497 (annual amount of $1,103,499), with a cooperative Community Behavioral Health Services match of $895,980 ($298,660 annually) for a budget total of $4,206,477 ($1,402,159 annually), to provide vocational rehabilitation services to mutual clients through a cooperative contract agreement for the period of July 1, 2007 through June 30, 2010.

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Commissioners' Comments

- Commissioner Sanchez said that some of the programs approved in the "approval" section of the agenda are for residential services for children and youth that are expensive but critical and he is looking forward to outcomes for these services to our kids in crisis.

For Discussion and Approval

**(3.15) AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive new contract with PHFE Management Solutions, in the amount of $255,511, to provide fiscal intermediary support for the HIV/AIDS Statistics & Epidemiology Section Core Surveillance – HIV Names-Based Reporting Transition Assistance activities, for the period of December 1, 2007 through June 30, 2008 (7 months).

Commissioners' Comments

- Commissioner Watson asked if this data is automatically linked to the CDC data system. Ms. Scheer said that they report unduplicated clients to the State who then reports to the CDC using a unique code.

**(3.16) BHS** – Request for approval of a retroactive new contract with Superior Court of California, County of San Francisco, in the amount of $613,204 per year, for a total contract amount of $3,090,548, which includes a 12% contingency, to provide substance abuse and mental health services, for the period of July 1, 2007 through December 31, 2011 (4.5 yrs).

Commissioners' Comments

- Commissioner Watson asked if there are projected outcomes for this program. Mr. Stillwell said the outcome that is sought is family reunification. The other programs have outcomes as well.

- Commissioner Sanchez feels there is a whole layer of substantive information missing from the contract documents that the Commission would benefit from hearing about and asked for a report to the Community Health Network Joint Conference Committee.

**(3.17) BHS** – Request for approval of retroactive new contract with the WestCoast Children's Clinic, in the amount of $135,000 per year, for a total contract amount of $378,000, which includes a 12% contingency, to provide mental health treatment services to children and youth with emotional problems, who are at risk, or already in out-of-home placement, for the period of July 1, 2007 through December 31, 2009 (2.5 yrs).

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Secretary's Note – Contract staff corrected the annual amount for this contract. It is $488,428.

Commissioners' Comments

- Commissioner Watson said he went on the toxic tour with Karen Pierce and it changes the way people think about things. He hopes that this element continues. Ms. Smyly said that Ms. Pierce will be working with HERC staff to see how this can be implemented.

- Commissioner Sanchez said a Board of Directors is so important to the success of an agency. Ms. Smyly said they will be reporting outcomes to the Commission in approximately 18 months.

Action Taken: The Commission approved the Budget Committee Consent Calendar.

## 4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., presented the Director's Report.

### Healthy San Francisco Update

On Tuesday, January 2, 2008, the Healthy San Francisco (HSF) program enters its next implementation phase. On that date, the program will begin enrolling HSF participants at higher income levels, namely those with incomes between 101% and 300% FPL. Currently, the program's enrolment is focused on those with incomes at or below 100% of the federal poverty level (FPL).

With the expansion of the eligible population to those with incomes between 101% and 300% FPL, HSF will institute its participant fee structure. As the Health Commission is aware, the participant fee structure is designed to be affordable and, like the Sliding Scale program, takes into account a person's income and family size. In January, the Department will also open up a New Patient Appointment Unit. The Unit is designed to ensure that all individuals seeking their first medical appointment with a DPH primary care clinic are able to get their appointments in an easy manner. The Unit, co-located with the SFGH Patient Advocate Unit on the SFGH campus, will schedule appointments for all new patients, not just Healthy San Francisco participants. In January, the San Francisco Health Plan (SFHP) will also become an enrollment site for Healthy San Francisco.

As of December 4, 2007, there were 6,449 San Francisco residents enrolled in Healthy San Francisco. Enrollment continues to take place at the participating 27 primary care medical homes within the Department of Public Health and with San Francisco Community Clinic Consortium members.

Dr. Katz thanked all staff who worked so hard to get HSF off the ground and who provide needed care to our City's uninsured residents.

### Closure of the Workers Compensation Clinic at SFGH

Pursuant to the Affiliation Agreement, the Department has notified the UCSF Associate Dean of the decision to close the Workers Compensation Clinic at San Francisco General Hospital on March 15, 2008. This decision is necessitated by the Department being above its appropriated funding for this fiscal year. Closing the clinic in this fiscal year will also allow the Department to close its budget gap for the next fiscal year. This programmatic decision is consistent with the 2007-08 budget principles adopted by the Health Commission, which state that "the Department shall first target budget cuts to programs and services that do not impact vulnerable populations." The Workers Compensation Clinic provides services to City employees and is not a core service to the Department's vulnerable populations. Also, the Health Commission had formally recommended this cut to the Mayor's Budget Office in prior years as a way of resolving prior year deficits. The Department estimates that closing the clinic will save a minimum $700,000 in General Fund on an annual basis. We will bring this proposal formally to the Commission at the first meeting in January and we will fulfill all MOU responsibilities towards labor partners.

Air Quality

On November 5, 2007 the Bay Area Air Quality District adopted a new rule regulating the chain-driven and under-fire-char-broilers used by many restaurants; implementation of the rule will reduce daily particulate matter emissions by over half a ton in the Bay Area. This new regulation is especially important for San Francisco where many residents live in close proximity to restaurant exhaust. The new regulation applies only to high volume high emitting restaurants and as such represents a constructive first step in reducing air pollution associated with commercial food production. Throughout the Bay Area the new regulation is expected to affect 433 chain-driven char-broiling fast food restaurants and 200 large volume full service restaurants with under-fired char-broiling.

Chain driven char-broilers are common to fast food restaurants and generally used in the cooking of hamburgers. Under fire broilers are used in over 30% of the restaurants to broil beef, chicken, fish and pork. However the regulations only apply to such large producers as Rose Pistola, Hard Rock Café, Izzy's, Applebees, Outback Steak House and large hotels. Existing restaurants will have until 2013 to implement required controls. Although Environmental Health will not have direct involvement in the enforcement, we will have indirect involvement with systems that are not maintained and result in poor ventilation rates. We will also refer new construction to BAAQMD and provide access to restaurant data. For more information regarding specific requirements and applications: http://www.baaqmd.gov/pln/ruledev/regulatory_public_hearings.htm.

Menu Labeling Ordinance Introduced

Obesity and overweight are serious public health problems, resulting in significant premature death and disability, health care costs, and lost productivity and affecting states and localities across the country including the City and County of San Francisco. In San Francisco, 43% percent of adults are overweight or obese and 24% of school-age children are overweight or obese. Obesity is primarily a result of the over consumption of food calories.

On December 11th, 2007, San Francisco Supervisor Tom Ammiano introduced an innovative menu-labeling ordinance to provide consumers with basic nutritional information about prepared foods sold at Chain Restaurants. The ordinance builds on existing, but less accessible nutrition disclosure requirements in Section 468 of the San Francisco Health Code. The ordinance would require chain restaurants to provide the total number of calories on menu boards and food tags, and the total grams of calories, saturated fat, carbohydrates and sodium on all menus. Based on public health research, the rise in obesity rates nationally has coincided with Americans eating more meals outside of the home where food choices are often higher calories and saturated fat. The Department believes that providing consumers of food with nutrition information can help them make healthier choices and can help mitigate growing problem of obesity.

Holiday Activities at SFGH

On Monday, December 17, the Volunteer Center at San Francisco General Hospital hosted its annual Children's Holiday Party. More than four hundred of the city's most underserved children and their families were treated to food and drink, a gift from Santa, and entertainment by the 15-year old opera sensation Holly Stell. On Thursday, December 20, the Orthopaedic Trauma Institute (OTI) at SFGH will host its annual holiday party for children. Toys donated by the community and hospital staff will be distributed to children recovering from orthopaedic injuries.

International Visitors Tour SFGH

On Wednesday, December 26, 15 government officials from China, accompanied by Professor Nancy Mangold of Cal State East Bay, will tour San Francisco General Hospital. The officials will visit various government agencies and community organizations in the San Francisco Bay Area during their visit.

DPH "Angels" Gift Drive

In November and December, the Health Department organized its second DPH "Angels" Holiday Gift Drive. This program had its origins in the Surgical Services Department at CPMC, where the nurses there have purchased gifts for children in our CASARC program for many years. Building on that tradition, and with the generous support from our employees, the Health Department has expanded the gift drive to raise $20,000 and reach 415 children and youth who receive services from the Family Mosaic Project, Multi-System Therapy Program, Children's System of Care, and of course, CASARC. A big thank you goes to all DPH staff who contributed this year. Dr. Katz also extended a grateful appreciation to the Surgical Services staff at CPMC and especially to Cassie Kinser, RN who organizes their program and has ensured its success.

Massage Parlor Task Force Highlighted on MSNBC

On December 3, MSNBC televised the program premiere "MSNBC Undercover: Sex Slaves in America." The last 20 minutes of the program focused on the San Francisco Massage Parlor Task Force. The camera crew followed Principal Health Inspector Johnson Ojo and Senior Health Inspector Ed Walsh as they conducted massage parlor inspections at night, citing owners with violations that resulted in stiff penalties or closures. The segment highlighted the City's efforts to enforce unique municipal regulations to prevent prostitution and reduce sex slavery in San Francisco. The Environmental Health Massage Parlor Program has been instrumental in closing several massage parlor establishments in the past few years.

National Congress on the Un and Underinsured

Gene O'Connell, CEO of SFGH, represented the Department of Public Health at the National Congress on the Un- and Underinsured in Washington D.C. earlier this month. Ms. O'Connell was asked to speak about the uninsured, nationally and locally, with a highlight on Healthy San Francisco as an initiative to provide care for the uninsured.

Laguna Honda Newsletter

Dr. Katz attached a copy of the most recent issue of the "Laguna Honda Grapevine," a newsletter highlighting activities and events at LHH.

Community Health Network, San Francisco General Hospital December 2007 Credentials Report

| | **12/07** | **12/07 to 07/08** |
|---|---|---|
| New Appointments | 13 | 161 |
| Reinstatements | 0 | 0 |
| Reappointments | 45 | 263 |
| Delinquencies: | 0 | 0 |
| Reappointment Denials: | 0 | 0 |
| Resigned/Retired: | 12 | 85 |
| Disciplinary Actions | 0 | 0 |

| | | | |
|---|---|---|---|
| Restriction/Limitation-Privileges | 0 | | 0 |
| Deceased | 0 | | 1 |
| Changes in Privileges | | | |
| Additions | 16 | | 52 |
| Voluntary Relinquishments | 2 | | 31 |
| Proctorship Completed | 22 | | 23 |
| Proctorship Extension | 0 | | 0 |
| Current Statistics – as of 12/1/07 | | | |
| Active Staff | 518 | | |
| Courtesy Staff | 588 | | |
| Affiliate Professionals (non-physicians) | 210 | | |
| TOTAL MEMBERS | 1,316 | | |
| Applications In Process | | 32 | |
| Applications Withdrawn Month of December 2007 | | 0 | 3 (12/07 to 07/08) |
| SFGH Reappointments in Process Jan. 2008 to Apr. 2008 | | 219 | |

Public Comment

- Annette Yeagers, RN at the Workers Compensation Clinic, spoke in support of maintaining the clinic. Private physicians very rarely take workers compensation, and the City and County of San Francisco has chosen a limited provider network whose physicians are booked. SFGH Workers Compensation Clinic is able to allow earlier appointments.

Commissioners' Comments

- Commissioner Illig asked if the Health Department has increased security at the primary care clinics as a result of Healthy San Francisco fees being collected at the clinic sites. Dr. Katz said they have added security to a number of clinics.

- Commissioner Chow asked if the problem with the Workers Compensation Clinic is that we can only get a fixed fee due to the workers compensation schedule and therefore are running a deficit. Dr. Katz said yes. Commissioner Chow asked where people would then get their care. Dr. Katz said the City has a network of providers and SFGH is currently one provider. People would have to choose another provider. Commissioner Chow asked if SFGH would still be a site to see workers compensation patients on an emergent or urgent care basis. Dr. Katz said the critically injured person goes to the ED. He does not know what would happen with urgent care visits, and he will find out.

- Commissioner Dodd said if she worked at DPW and injured herself in front of SFGH, she assumes would be able to go to SFGH Urgent Care, who would bill Workers Compensation and then be referred to the a Workers Compensation provider.

- Commissioner Guy said that the massage parlor program, when it moved from the Police Department to the Department of Public Health, was controversial when it began. This is a huge hidden issue in our community and in our country. The MSNBC segment was a positive attempt to give attention to this emerging and important public health issue. In addition, the Environmental Health Section is working on developing the Unnatural Causes film series. The goal is to educate the public about the social determinants of health. She urged her colleagues to view the film. Commissioner Guy read in the newspaper that a person died in jail in San Francisco. Dr. Katz said that anytime there is a death in the jail Dr. Goldenson sends Dr. Katz a report and they review the circumstances to determine if protocol must be changed. Dr. Katz said that the deaths that they have reviewed were not the result of the treatment inmates received. The inmate population is older and sicker than it used to be and we should anticipate an increased amount of death.

- Commissioner Chow highlighted the article in the Laguna Honda Grapevine regarding changes at Clarendon Hall and said that this issue would be discussed at the Laguna Honda Hospital Joint Conference Committee.

## 5) EMPLOYEE RECOGNITION FOR THE MONTH OF DECEMBER

Commissioner Monfredini presented the Employee Recognition Awards for the month of December.

| **Individual Award** | **Division** | **Nominated By** |
|---|---|---|
| Ana Perucho | SFGH Department of Legal Affairs | Kathy Murphy and Troy Williams |

| **Team Award** | **Division** | **Nominated By** |
|---|---|---|
| SFGH Information Systems and Patient Financial Services Healthy San Francisco Implementation Team<br>• Vanda Mendoza<br>• Jenine Smith<br>• Omar Carvallo<br>• Ed Ang<br>• Sheri Lee<br>• Donna Jacobs<br>• Hal Kress<br>• Randy LaBotte<br>• Kim Tally<br>• Tina Lee<br>• Lorrie Tanioka | SFGH | Pat Skala and Diana Guevara |

| Team Award | Division | Nominated By |
|---|---|---|
| SFGH Facilities Services Department Leadership Team<br>• David Carroll<br>• Mike Curl<br>• Greg Chase | SFGH | Kathy Jung |

Commissioner Monfredini is pleased to be able to present the awards today at SFGH. She initiated employee recognition program a number of years ago to recognize the people who do the work of the Department. She is leaving the Health Commission after 12 years of service and is pleased to end on this note. She thanked Dr. Katz, Gene O'Connell, John Kanaley and her Commission colleagues. She is leaving with much more than she came with.

Commissioner Dodd said that as a new commissioner, Commissioner Monfredini welcomed her and was available on a moments notice. She also let people express their anger at Health Commission meetings and she listened. She met with people and followed through with them, which is a true leadership example.

Commissioner Guy has had many experiences with Commissioner Monfredini during very interesting times, including the Proposition A effort. One of Commissioner Monfredini's strengths is her ability to speak to polarization and try to directly address issues. Commissioner Monfredini helped improve the health status of people in San Francisco and to honor the thousands of employees who work for DPH. She wished Commissioner Monfredini well in her next endeavors, and hopes she will be involved in the next rebuild.

Commissioner Chow said there is no one on the Commission that had the same passion, the same directness, the same immediacy and the same transparency on behalf of the individual as Commissioner Monfredini. She carried brought with her all of her experience as a patient advocate at CPMC to become a patient advocate for all of San Francisco. As the senior member of the Commission, he thanked Commissioner Monfredini.

Commissioner Watson said in his short time here, Commissioner Monfredini has been such a clear leader. He thanked her for all her hard work and dedication.

Commissioner Illig thanked Commissioner Monfredini for her passion and commitment to public health.

Commissioner Sanchez said Commissioner Monfredini reflects the commitment, the compassion and the intensity of what San Francisco is all about. She has been honored to serve on this Commission and she does it 1200 percent. Her family has a long tradition of service to San Francisco and she continues this tradition.

## 6) PRESENTATION OF THE LEWIN MARKET ANALYSIS PROJECT

Jim Soos, Deputy Director, Office of Policy and Planning, began the presentation of the Lewin Market Analysis Project. The Lewin Group was asked to conduct a local market assessment and benchmarking analysis to support policy initiatives such as Healthy San Francisco and decision making to improve resource allocation and program and service offerings.

Terry West from the Lewin Group presented the report. The two primary project goals are:

- Analyze San Francisco's health care environment, identify market trends and projected changes in the market and assess their implications for DPH;
- Compare SFGH's efficiency and effectiveness with comparable Bay Area, California and national public health care delivery systems.

The analysis answered four questions:

1. What is the role of DPH within the San Francisco health care delivery market?
2. Are there changes occurring in the local supply or demand for health care that will have a large impact on DPH?
3. Is SFGH providing services efficiently and effectively compared to comparable health care providers?
4. Are there best practices in place among benchmark providers that may be informative to SFGH?

Mr. West presented the Local Market Assessment Key Findings and Action Items

San Francisco Population Dynamics and Health Status
Findings

- San Francisco residents are aging and the city's racial/ethnic profile is changing.
- San Franciscans have experienced significant declines in the most common causes of death since 2000, with mortality rates well below the rest of California and the nation as a whole.
- While San Franciscans have lower mortality rates for most causes, rates of some infectious diseases such as AIDS, TB and syphilis exceed California and the nation.

San Francisco Delivery System
Findings

- The San Francisco health care delivery system features a continuum of care including eight acute care hospitals, skilled nursing facilities and two major clinic networks.
- Based on population projections and current utilization rates buy 2030 citywide demand for acute care hospital beds is projected to exceed current market capacity by 24 percent.
- SFGH is operating at 97% capacity, well above other San Francisco hospitals and the industry standard of 80%. This limits available surge capacity and ability to respond to public health emergencies.
- San Francisco's Ambulatory Care Sensitive (ACS) preventable hospitalizations remain below statewide averages. Further reducing inappropriate hospitilizations would create capacity for appropriate inpatient cases and improve surge capacity.

Action Items

- Continue planning for an aging population.
- Continue to expand capacity in community based settings to serve area health care needs.
- Continue exploring ways to actively intertwine public health and provider roles to optimize treatment of at-risk, infectious disease patient populations.
- Ensure sufficient citywide hospital capacity to serve area health care needs.

San Francisco Department of Public Health Role

Findings

- Most SFGH patients come from six zip codes located in the southeast and South of Market neighborhoods.
- SFGH is the most accessible hospital for residents within its primary service areas. Patients trying to access services at other hospitals would likely encounter increased travel time.
- SFGH serves a much higher proportion of uninsured and Medi-Cal patients compared to the overall San Francisco market.
- Driven by its mission to provide care to all residents, SFGH incurred more that 80% of San Francisco hospitals' $94.3 million in charity care expenditures in 2005.
- SFGH provides a broad range of services due to its role as both a public hospital and a trauma centers. SFGH's role as a psychiatry provider has grown dramatically, while other service lines have lost market share.
- Despite trauma center designation, SFGH's relatively low overall patient acuity reflects its high concentration of less severely ill Psychiatry, Medicine and Obstetrics patients compared to most other city hospitals.
- At current demand, SFGH is approaching the industry threshold level for the average number of visits per Emergency Department station. Anything above this threshold is considered ED overcrowding.
- DPH primary care clinics serve a key role in the Department's continuum of care. This role has been enhanced with the implementation of Healthy San Francisco.

Action Items

- Continue to explore formal and informal collaboration with other safety net providers to identify the most resource efficient ways to deliver and coordinate care.
- Given projected trends, carefully assess whether the Department should more aggressively seek to increase market share of San Francisco's aging and Medicare eligible populations.
- Continue to analyze options for addressing inappropriate emergency department utilization.
- Continue exploring care delivery alternatives for lower acuity medical and psychiatric services to allow expansion of trauma volume and emergency surge capacity.
- Continue to make efficiency improvements in the Department clinics to decrease wait times for new patient appointments and lower patient cycle time.

Mr. West also presented the Benchmarking Analysis Key Findings

- SFGH is near the top of the benchmark range in overall clinical quality based upon widely accepted and validated CMS Core Quality Measures.
- Adjusted for patient acuity and regional wage levels, SFGH performs well in terms of cost efficient delivery of inpatient care.
- SFGH receives substantial funding from the County's general fund, reflecting consistent support for the mission-driven services.
- SFGH's physical plant is much older that all other benchmark systems.
- Benchmarked against other urban teaching hospital departments with similar functions and workloads, SFGH employed 60.5 fewer FTEs, saving the annual equivalent of about $3.2 million in salaries and other labor expenses.
- SFGH's departments used almost 26% less overtime compared to national urban peer hospital departments, resulting in annual savings of about $2.5 million.
- After adjusting for difference in patient severity, SFGH compares favorably to other California benchmark public health care delivery systems.

- SFGH has steadily reduced low acuity emergency department use to a low of 4.6% of all visits by fiscal year 2006. This suggests that SFGH has had success in directing this patient population to more appropriate and less costly clinic and urgent care settings.

Benchmarking Analysis Action Items

- Rebuild SFGH's aging physical plant.
- Consider providing SFGH management with greater flexibility to capitalize on local market opportunities such as special initiatives or program enhancements.
- Consider best practice initiatives that have been successful in other comparable public hospital systems.

Market Assessment and Benchmarking Conclusion

- The Department plays a critical role both as a primary provider and a public health agency. Community stakeholders look to the department to operate as a performance-driven organization and play a key role in creating a sustainable citywide primary care network.
- An aging population and changing racial and ethnic profile will likely increase demand for hospital and other services to a level well above current capacity. Projected changes provide opportunities for public/private sector collaboration and rationalization of services.
- Overall SFGH is performing efficiently had effectively compared to peer Bay Area, California and national systems.
- Health information technology applications and systems for process redesign to improve operational efficiency were identified.

Commissioners' Comments

- Commissioner Dodd asked if they looked at the trends of moving acute care into ambulatory care and is this factored into the analysis. Mr. West from Lewin said they do talk about this later in the report but they did not build this into their projections because there is a whole range of assumptions about what the impacts would be. Dr. Katz said that there might not be a shortage of physical licensed beds. Mr. West said the issue is that there is the shortage of staffed beds and also limited capacity to expand physically.

- Commissioner Chow said the report does not clarify the actual licensed capacity in San Francisco. Mr. West said in many cases the number of licensed beds is much higher than the operating beds. Ms. O'Connell said they spent a lot of time with Lewin differentiating between licensed beds and beds that were being used. The licensed bed number is not reality. They made an intentional decision to use staffed beds. Dr. Katz agrees with the matrix but we need to pay attention to the interpretation of the data. The answer may not be that we need more bricks and mortar. Unquestionably as need goes up we are going to need to staff more beds.

- Commissioner Dodd asked why VA beds were not included. Mr. West said they excluded federal public hospitals from this review. Commissioner Dodd said it would be fascinating to compare SFGH to hospitals that are subject to mandated nursing ratios. Mr West said they had a discussion about mandated rations and how they would impact the data, and the larger reports speaks to this issue. Commissioner Dodd hopes that Lewin's analyses of other hospitals use as examples some of SFGH's best practices. Commissioner Dodd is hopeful that this report will be used by the health planner that will be retained to review institutional master plans. She is concerned that violence, HIV and TB are not included in the mortality data.

- Commissioner Sanchez stated that this was an excellent executive summary. The full report was given to the Commissioners and is available to the public.

- Commissioner Guy said that there is huge contextual change that we are going through called Healthy San Francisco and we need to incorporate this into our other reports.

- Commissioner Chow said the Health Department should take credit for creating a healthier community. This is a positive report card. There is a difference between the number of staffed beds, the number of beds available and the number of licensed beds and we should try to get clarification on this data. He also takes great pride in the creation of primary care clinics, which Healthy San Francisco will build upon. He asked Dr. Katz the best way to make use of the Lewin Report. Dr. Katz said the document achieves a number of things. It answers the questions "what are they doing with all that money at SFGH." This report demonstrates that SFGH does really well. This is particularly important going into a bond measure. The report also demonstrates that we haven't made the same investments in technology and infrastructure as other benchmark systems. And it is always helpful to be able to compare with comparable systems. We could never have done Healthy San Francisco were it not for the diverse providers and clinics. Commissioner Chow said we should acknowledge that a number of private practitioners are also taking care of underinsured and poor and this is part of San Francisco's resource network.

Public Comment

- Espanola Jackson was insulted by the Lewin Report. In the 1970s a corporation was set up to receive funds from the federal government and there was discussion about reducing SFGH. There were also discussions about moving SFGH to Mission Bay. SFGH is her hospital. Don't think that the community is not aware of what is going on because they are the ones that made it happen and want to see it grow. She is also mad that nothing has been done about the dust in Bayview Hunters Point.

## 7) SAN FRANCSICO GENERAL HOSPITAL MEDICAL CENTER'S ANNUAL REPORT

Gene O'Connell, SFGHMC Executive Administrator, presented the annual report. She said Commissioner Monfredini had a tremendous influence on SFGH as well as her career. Commissioner Monfredini has been wonderful to everyone at SFGH.

Ms. O'Connell introduced her Executive Committee members: Jeff Critchfield, M.D., Chief of Medical Staff, Sue Currin, RN, Chief Nursing Officer, Catherine Thurow, Director, UCSF Dean's Office, Valerie Inouye, Chief Financial Officer, Kathy Jung, Associate Administrator, Roland Pickens, Associate Administrator, Sharon Kotabe, Associate Administrator, Kathy Murphy, Deputy City Attorney, Sharon McCole Wicher, Director, Behavioral Health Services, John Luce, M.D., Chief Medical Officer and Medical Director, Quality Management, Sharon Kwong, Director, Medical Social Services, Kathy Eng, Director, Health at Home, Doug Eckman, Operations Manager, UCSF Dean's Office, Elaine Lee, new head of Human Resources, Pat Skala, Senior Manager, Information Systems, Anson Moon, Data, Community and Media Relations, Marti Paschal, Director of Administrative Operations, Iman Nazeeri-Simmons, Director of Quality Management and Delvecchio Finley, Associate Administrator.

Ms. O'Connell said SFGH's new mission is "to provide quality health care and trauma services with compassion and respect." The Fiscal Year 2007-2008 goals are:

- Promote Patient Safety
- Implement Healthy San Francisco
- Promote Organizational and Staff Cultural Responses
- Promote Staff Retention and Recruitment
- Improve Hospital Infrastructure
- Plan for the Replacement Hospital
- Comply with all Regulatory Standards and Performance Improvement Initiatives

Action Taken: The Commission approved the Environment of Care, Hospital Plan for the Provision of Patient Care and the Performance Improvement and Patient Safety Program.

## 8) APPROVAL OF THE GOVERNING BODY BYLAWS FOR SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER

Gene O'Connell, SFGHMC Executive Administrator, asked for approval of the Governing Body Bylaws for San Francisco General Hospital. There are no changes proposed to the document since it was last approved in 2004. However they are seeking a new approval prior to the next accreditation survey.

Action Taken: The Commission approved the San Francisco General Hospital Governing Body Bylaws.

## 9) APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS

Jeff Critchfield, M.D., SFGHMC Chief of Medical Staff, presented the Medical Staff Bylaws and Rules and Regulations. Bylaws changes are in the following areas: National Provider Identifier; Tissue Subcommittee; Patient Safety Coordinating Committee; Clinical Care Committee; Information Systems Committee; and Amendments. Changes to the Rules and Regulation are in the following areas: Admission and Attendance Policies; Medical Histories and Physical Examinations; Outpatient Medical Screen/Emergency Medical Treatment and Labor Act (EMTALA); Adoption and Amendment Section. Medical Staff Committees were revised to accurately reflect the membership composition and mission of the Medical Staff Committee or subcommittee. The Bylaws Committee, Medical Executive Committee, Medical Staff and the Joint Conference Committee have approved these amendments.

Commissioners' Comments

- Commissioner Dodd said Section 2.2-1, when referring to medical staff, refers to physicians, dentists and podiatrists. However Section 3.1 includes clinical psychologists as well as physicians, dentists and podiatrists. She is looking for consistency. She also asked the status of the Certified Nurse Midwife Program. Dr. Critchfiled that Certified Nurse Midwifes are affiliated, and clinical psychologists should be in both sections. Commissioner Dodd said Oncology, Pulmonology and Hematology are not listed as clinical services. Dr. Critchfield said these are divisions within the Medical Clinical Service. Commissioner Dodd said that the bylaws should incorporate staff safety as well as patient safety.

Action Taken: The Commission approved the San Francisco General Hospital Medical Center Medical Staff Bylaws and Rules and Regulations.

## 10) CONSIDERATION OF A RESOLUTION DETERMINING THAT THE CLOSURE OF CALIFORNIA PACIFIC MEDICAL CENTER ST. LUKE'S CAMPUS NEONATAL INTENSIVE CARE UNIT WILL OR WILL NOT HAVE AN IMPACT ON THE HEALTH OF THE COMMUNITY

**Time Specific: 5:00 p.m.**

Public Comment

- Jason Fried, United Health Care Workers West, encouraged the Health Commission to find that the changes will have an impact. CPMC is still refusing to share with stakeholders information about the proposal. There should be comments in the resolution about keeping community people involved in the ongoing dialogues, and that this is a service level reduction that can impact other birthing services at the hospital.

- Jason Green, California Nurses Association, said CPMC's plan for St. Luke's depends on being able to transfer higher acuity patients to CPCM and there are ongoing problems with the transport team at CPMC so this side of their plan is not viable. He noted that CPMC has represented that they are open to dialogue and that they would provide written notice to nurses about what was going to happen and this has not happened. He also heard that CPMC was considering a ballot initiative to overturn the Board of Supervisor's recently approved legislations regarding institutional master plans.

- Dr. Abha Goel urges CPMC to hold off implementation of any plan that reduces their ability to care for patients. She was involved in the dialogue about NICU services but never felt that the Special Care Nursery was the ideal path to take for the future of the NICU program. (Dr. Goel submitted a written copy of her testimony, on file in the Health Commission Office.)

- Dr. Lisa Everson, Chair of the Department of Obstetrics and Gynecology at St. Luke's Hospital, said the proposal is a reduction in the level of service that has many implications, including compromising the level of care at St. Luke's and sending a message about CPMC's commitment to St. Luke's. She urged the Health Commission to approve a resolution urging no changes in level of services at St. Luke's. (Dr. Everson submitted a written copy of her testimony, on file in the Health Commission Office.)

- Julie Sherwood, Nurse Midwife at St. Luke's, urged the Health Commission to adopt a proposal to halt all service cuts. The survival of Obstetrics at St. Luke's depends on it. (Ms. Sherwood submitted a written copy of her testimony, on file in the Health Commission Office.)

- Randy Gerlach, RN at St. Luke's, urged the Health Commission to not let CPMC downgrade the nursery. (Ms. Gerlach submitted a written copy of her testimony, on file in the Health Commission Office.)

- Dr. Ken Barnes addressed the Commission about the consolidation of services and community insensitivity, the nurse's strike, and the decisions to be made about the future of St. Luke's. Why are we in a rush to close, downgrade and consolidate services at St. Luke's? (Dr. Barnes submitted a written copy of his testimony, on file in the Health Commission Office.)

- Dr. Bonita Palmer spoke about other problems at St. Luke's as well as some new promise. She asked that a task force be set up to deal with the unacceptable conditions on the 9th Floor of St. Luke's. (Dr. Palmer submitted a written summary of her testimony, of file in the Health Commission Office.)

- Mr. Morales urged the Health Commission to save St. Luke's and to not cut any services. People will not have a place to go if it closes. CPMC does not care about the community.

- Catherine Stefani, Aide to Supervisor Alioto-Peir, reiterated that Supervisor Alioto Peir is extremely concerned with the status of the NICU at St. Luke's. She was pleased that CPMC stepped back from its initial plan and develop an alternative plan. The highest level of care is the best level of care. The Supervisor is also supportive of women being able to receive care in their community if they so chose. The Supervisor supports the Health Commission's request for data from CPMC if the change is implemented and asked for a time certain for submission of the data.

Commissioners' Comments

- Commissioner Illig asked what percentage St. Luke's patients receiving prenatal care are high risk. Julie Clayton, Vice President of Women and Children's Services, CPMC, said many women have outpatient high risk testing—amnios, ultrasound, etc.—and they and their providers then decide where they should deliver. In 2007 six mothers needed to be transferred to the California campus and delivered at the Cal Campus. Ms. Clayton can get this information from their staff. Conversely the mother does not have to be high risk but could still go into premature labor.

- Commissioner Dodd asked if it is true that there are no neonatologists on staff at St. Luke's. Dr. Goel said that in 2007 there was nobody physically on site and they are only available for phone support. Judy Li said that the neonatologist left the Health Care Center in 2006 at which time CPMC took over the Health Care Center. CPMC invited the California Perinatology Group into St. Luke's and structured a coverage plan that responds to the census. Dr. Li said having a 24/7 neonatologist to cover 1.2 babies per day is unworkable.

- Commissioner Chow said it has been alleged that neonatologists are at times only available by phone. Is this true? Julie Clayton said a neonatologist, when they have been called to St. Luke's, has gone to St. Luke's. They are not always available in an emergency situation and this is why they decided to have a 24/7 pediatric hospitalist at St. Luke's.

- Commissioner Dodd said CPMC committed to a qualified transport team as part of this proposal and there was testimony about problems with the transport team. Ms. Clayton said there is a transport team. Currently what they are doing with the consolidation of pediatric unit is affording them the opportunity to revise the transport team. They currently have three transport nurses who are pediatric intensive care nurses with neonatal intensive care backgrounds who will transfer the patients. All tertiary centers have to be mindful that when a transport unit is out in the field it is unavailable.

- Commissioner Chow asked if CPMC feels comfortable that they have adequate transportation coverage, given the information the Commission received about turnover. Ms. Clayton said they have a team in place, have been doing transport and if they do not have a team that they can send readily, they will help find another team that is available. Mr. Green from CNA said there has been a dwindling group of nurses who are trained to do transport and new nurses are not signing up to be trained as transport nurses.

- Commissioner Dodd said the San Francisco EMS Agency received a local scope of practice to allow paramedics to do pediatric transport. As a nurse, it behooves nurses to do the work and get the training or we will see a local scope of practice that allows EMTs to do neonatal transport. Either nurses get the skills and do the work or they will be replaced.

- Commissioner Monfredini asked Dr. Katz for his comments. Dr. Katz thanked Commissioner Monfredini for 12 years of incredible service. Dr. Katz said we have to acknowledge that the Proposition Q process has been helpful. Hospitals are not about perfect amounts of service. In this case he sees an overall service reduction, but it may not be a service reduction for the individual patient. We have to come back to the question of how to evaluate the impact of the change on the community. Commissioner Monfredini does not believe that the reduction of this particular unit will be a detriment to the community. (Commissioner Monfredini left at 6:15 p.m.)

- Commissioner Sanchez thanked Dr. Katz for reaffirming the role of the Health Commission in the Proposition Q process. This has been one of the most intense dialogues the Health Commission has had. It is positive that this process has resulted in dialogues between doctors and medical staff and administration to develop new pathways. This is about culturally competent services and St. Luke's being a point of access and a point of continuity of care. St. Luke's has always been more accessible than most other hospitals in San Francisco. That said, we need to be cognizant of the Health Commission's role.

- Commissioner Dodd believes that if the Health Commission was just to make a decision based on whether the transfer of neonatal services would jeopardize neonates, she was convinced that the neonates would be okay. But Proposition Q asks how this will affect the community. The lack of confidence in the future of St. Luke's is being deteriorated by these types of changes. She believes the transfer of care will impact the community. We need to treat the disease not the symptoms. We cannot keep eroding care while we are trying to determine what the future of St. Luke's will be. She made technical corrections and substantive amendments. The amendments are noted below.

- Commissioner Chow wants to acknowledge CPMC for its willingness to engage with the medical staff community. He offered a further resolved, which is noted below.

- Commissioner Sanchez said there has been a dialogue and CPMC has come to the table but this is not a done deal and the Health Commission has heard conflicting testimony.

- Commissioner Dodd said the fact that St. Luke's no longer has a community benefits staff person further erodes its ability to build support and relationships in the community. St.

Luke's deserves every chance they can have to build this support and they deserve their own community benefits person.

- Commissioner Guy worked with Commissioner Dodd, community members, administrators and medical staff on this issue in a way that no other Prop. Q question has been discussed. She is still very concerned about death by a thousand cuts because that has been the history over the last 12 years. She appreciates the responsiveness of CPMC. If we do not maintain this level of work for the next few years, we are not going to have a St. Luke's in 2009. Regardless of the Health Commission's ultimate finding, what she likes about this resolution is that we are asking CPMC and everyone at St. Luke's that they come back to the Health Commission quarterly to report on what is going on. This would not have happened six weeks ago.

- Commissioner Chow wants to monitor the consequences of any change for two years, rather than 12 months. Commissioner Chow is concerned from the standpoint of the community. He recognizes that with the current level of patients at St. Luke's CPMC wanted to make a change. The problem of not having neonatal back up in a city that has San Francisco's level of quality creates a real problem. You potentially lose the confidence of people who want to deliver at St. Luke's and this leads to the question of whether obstetricians will want to practice at St. Luke's. If this were to be a temporary change, while CPMC developed an institutional master plan for St. Luke's that further developed the obstetric service, this would be a different story. He is concerned that from a standpoint of clinicians, medical liability and level of care for the community, this will have a detrimental impact.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Sanchez, Watson) approved the following amendments, offered by Commissioner Dodd:

Whereas, the Health Commission supports women and families receiving care in their community if they choose to do so, rather than being diverted from or transported away from St. Luke's to receive care in a different part of the city; and

Whereas, at the Proposition Q hearing California Pacific Medical Center agreed to assist families with transportation to visit their newborns at the California campusas well as use of special family housing; and

Whereas, the Health Commission is concerned that the ongoing reduction in the level of service provided by the NICU at St. Luke's may jeopardize the Obstetrical and Certified Nurse Midwifery services thus placing at risk services that support 1,300 annual births by St. Luke's OB Department, and

Whereas, if California Pacific Medical Center proceeds with this change, the Health Commission wants to ensure that this change does not negatively affect mothers who deliver at St. Luke's and their babies, therefore the Commission requests the following data from California Pacific Medical Center: the number of newborns who were transferred along with APGAR scores, as well as their status upon admission to the California Campus and their discharge status as well as transfer times; the number of RNs that were STABLE trained; and any adverse events; and

Whereas, the Health Commission believes that the stakeholder and community meetings that have begun to plan for St. Luke's are encouraging and wants to preserve and expand services at St. Luke's;

FURTHER RESOLVED, that the Health Commission requests that California Pacific Medical Center provide the following information on a quarterly basis to the Commission for 24 months after implementation: number of newborns transferred along with APGAR scores, as well as their status upon admission to the California Campus and their discharge status as well as transfer times, the number of RNs that went through the STABLE program, any adverse events, and the status of the Obstetrical and Nurse Midwifery practice at St. Luke's.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Sanchez, Watson) approved the following amendment, offered by Commissioner Illig:

Whereas, the Health Commission is concerned that this reduction in essential services, like previous service closures, may negatively affect the viability of St. Luke's Hospital, possibly leading to a future announcement of closure of this vital and unique acute care resource; and

Action Taken: The Commission (Chow, Dodd,. Guy, Illig, Sanchez, Watson) approved the following amendment, offered by Commissioner Chow:

Further Resolved, that in response to public input, California Pacific Medical Center is commended for having chosen to work with its medical staff and the community to be able to continue delivery services at St. Luke's Hospital.

Action Taken: The Commission (Chow, Dodd,. Guy, Illig, Sanchez, Watson) amended the resolution to determine that the proposed change will have a detrimental impact.

Action Taken: The Commission (Chow, Dodd, Guy, Illig, Sanchez, Watson) approved Resolution 17-07, determining that St. Luke's Hospital's Replacement of the Level 2 Neonatal Care Unit with a Special Care Nursery Will Have a Detrimental Impact on the Health of Community," as amended (Attachment A).

## 11) PUBLIC COMMENT

Roberto Vargas is a father of two asthmatic children. He believes a hearing on the environment in Bayview Hunters Point is in order. It is difficult for community people to understand the myriad and conflicting health information. They need transparency and analysis. There are differences of opinions about impacts and safe levels of asbestos. The Health Commission should arrange a forum so that we can all better understand the issues. Commissioner Dodd suggested that HERC is a good place to go to do organizing around environmental health in the Bayview.

## 12) OTHER BUSINESS

Commissioner Watson announced that he is resigning from the Health Commission effective December 31, 2007 to focus on his private practice.

Commissioner Sanchez said the Health Commission has been so fortunate to have exceptional commissioners who are committed to social justice. Commissioner Watson has done an exceptional job and the Commission wishes him well.

Commissioner Sanchez announced that Commissioner Chow has been appointed to chair the San Francisco General Hospital Joint Conference Committee.

## 13) COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS

None.

## 14) ADJOURNMENT

The meeting was adjourned at 7:15 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

**HEALTH COMMISSION**
**City and County of San Francisco**
**Resolution No. 17-07**

## DETERMINING THAT ST. LUKE'S HOSPITAL'S REPLACEMENT OF THE LEVEL 2 NEONATAL CARE UNIT WITH A SPECIAL CARE NURSERY WILL HAVE A DETRIMENTAL IMPACT ON THE HEALTH OF THE COMMUNITY

WHEREAS, On November 6, 2007 California Pacific Medical Center notified the Health Commission that it intended to transfer the level 2 Neonatal Intensive Care Unit (NICU) from the St. Luke's campus to its California Campus effective February 13, 2008; and

WHEREAS, after convening an interdisciplinary planning team, California Pacific Medical Center now proposes to change the level of care provided at St. Luke's by replacing the Intermediate level 2 NICU Nursery and the existing Mother/Baby unit with a Special Care Nursery/Mother Baby Care Unit; and

WHEREAS, the staffing model for the Special Care Nursery would be one NICU qualified RN on the floor at all times backed up by STABLE Program-trained mother/baby RNs and, if census requires, additional NICU RNs will be available on call; and

WHEREAS, St. Luke's will have a full team available to resuscitate any baby, including in-house pediatricians able to do neonatal resuscitation and pediatric resuscitation, a respiratory care team qualified to do neonatal resuscitation and all nurses will be trained in neonatal resuscitation; and

WHEREAS, California Pacific Medical Center proposes to provide on-going cross-training programs for RNs so that there will be more depth in the nursing staff thus providing a higher level of care overall; and

WHEREAS, St. Luke's current nursing staff provide postpartum (mother)/well baby care for mothers and well babies as a Mother/Baby unit, and Labor and Delivery Nurses who work in Labor and Delivery, and this will continue under the new model; and

WHEREAS, California Pacific Medical Center estimates that, as a result of the change, up to 30 additional newborns might be transferred annually from St. Luke's Campus to the California Campus; and

WHEREAS, the Health Commission held a Proposition Q hearing on the proposed change on December 4, 2007; and

WHEREAS, at the Proposition Q hearing the Health Commission heard testimony from physicians, RNs, St. Luke's patients and community members that the proposed change in the level of service may jeopardize patient care for the remaining Labor & Delver and Maternal/Child Program at St. Luke's, reduces needed services for the Southern half of the City and places significant barriers in the way of low-income families' continued access to such services; and

WHEREAS, the Health Commission supports women and families receiving care in their community if they choose to do so, rather that being diverted from or transported away from St. Luke's to receive care in a different part of the city; and

WHEREAS, at the Proposition Q hearing California Pacific Medical Center agreed to assist families with transportation to visit their newborns at the California campus as well as use of special family housing; and

WHEREAS, the Health Commission is concerned that the ongoing reduction in the level of service provided by the NICU at St. Luke's may jeopardize the Obstetrical and Certified Nurse Midwifery services thus placing at risk services that support 1,300 annual births by St. Luke's OB Department, and

WHEREAS, the Health Commission is concerned that this reduction in essential services, like previous service closures, may negatively affect the viability of St. Luke's Hospital, possibly leading to a future announcement of closure of this vital and unique acute care resource; and

WHEREAS, if California Pacific Medical Center proceeds with this change, the Health Commission wants to ensure that this change does not negatively affect mothers who deliver at St. Luke's and their babies, therefore the Commission requests the following data from California Pacific Medical Center: the number of newborns who were transferred along with APGAR scores, as well as their status upon admission to the California Campus and their discharge status as well as transfer times; the number of RNs that were STABLE trained; and any adverse events; and

WHEREAS, the Health Commission believes that the stakeholder and community meetings that have begun to plan for St. Luke's are encouraging and wants to preserve and expand services at St. Luke's; now, therefore, be it

RESOLVED, that St. Luke's Hospital's replacement of the Neonatal Care Unit with a Special Care Nursery will have a detrimental impact on the health of the community; and be it

**HEALTH COMMISSION**
**City and County of San Francisco**
**Resolution No. 17-07 (continued)**

FURTHER RESOLVED, that the Health Commission requests that California Pacific Medical Center provide the following information on a quarterly basis to the Commission for 24 months after implementation: number of newborns transferred along with APGAR scores, as well as their status upon admission to the California Campus and their discharge status as well as transfer times, the number of RNs that went through the STABLE program, any adverse events, and the status of the Obstetrical and Nurse Midwifery practice at St. Luke's; and be it

FURTHER RESOLVED, that in response to public input, California Pacific Medical Center is commended for having chosen to work with its medical staff and the community to be able to continue delivery services at St. Luke's Hospital.

I hereby certify that the San Francisco Health Commission at its meeting of December 18, 2007 adopted the foregoing resolution.

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Michele M. Seaton
Executive Secretary to the Health Commission

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